Print Form

OCC NO. ☐☐☐☐☐☐ FILE NO. ☐☐ SAI ☐☐☐☐

Occurrence Report

For Occurrence Notification please complete the applicable white areas on this page.
Then post or fax to CAA as soon as possible. If faxing this form send to +976-70046562.
To report an accident or serious incident phone: +976-98985525 Monitored 24 hours a day, seven days a week.
To report other safety or security concerns phone: +976-11-285009, +976-11-285004, +976-11-285040 Available office hours (voice mail after hours).
Remember - you can also get this Form from the CAA Website and email to Report@mcaa.gov.mn

Date of occurrence ☐ Time ☐ - ☐ ☐ULAT ☐UTC Location ☐

Aircraft manufacturer and model ☐ Aircraft registration **JU -** ☐

Operator ☐ Client ID ☐

POB ☐ Number of injuries - Fatal ☐ ☐ Crew Pax Serious ☐ ☐ Crew Pax Minor ☐ ☐ Crew Pax

Operational Details

Flight No./Call sign ☐ Altitude ☐ ☐AGL ☐ASL ☐FTL Runway used ☐

Departure point ☐ Destination point ☐ Nearest reporting point (NRP) ☐

Distance and bearing from NRP ☐ KM ☐ ° ☐VFR ☐IFR ☐VMC ☐IMC

☐ Scheduled ☐ OR non-scheduled ☐ Domestic ☐ OR International ETOPS ☐

Nature of flight

☐ passenger A to A	☐ passenger A to B	☐ freight only
☐ agricultural	☐ other aerial work	☐ business/executive
☐ training dual	☐ training solo	☐ test or ferry/positioning
☐ private other	☐ parachuting	☐ air ambulance
☐ other (specify) ☐		

Flight phase

☐ parked	☐ taxiing	☐ takeoff
☐ climb	☐ hover	☐ cruise
☐ circuit	☐ aerobatics	☐ holding
☐ descent	☐ approach	☐ landing

Effect on flight

If weather is a significant factor include in description of occurrence.

☐ Nil	☐ flight delayed/cancelled	☐ aborted takeoff
☐ failure to get airborne	☐ emergency/precautionary descent	☐ emergency/precautionary landing
☐ go-around/missed approach	☐ abnormal approach	☐ diversion
☐ turnback	☐ engine(s) shutdown	☐ significant loss of control/performance
☐ avoiding action	☐ overweight landing	☐ abnormal landing
☐ runway excursion	☐ other (specify) ☐	

Description of Occurrence

☐

Continue on separate sheet if necessary.

Pilot in command's name ☐ Licence number ☐

Pilot flight hours in last 90 days ☐ Flight hours on type ☐ Total flight hours ☐

Last checked ☐IFR ☐BFR ☐OCA (Competency Assessment) by - name ☐

Date checked ☐ Check pilot's ID ☐

Continue over page

Please complete the white areas on this page to provide further occurrence details, only where applicable. Then post to CAA. If faxing this form sent to +976 70046562

FILE NO. ☐☐ **SAI** ☐☐☐☐

Type of Occurrence

Accident/incident
☐ collision/strike object ☐ component/system failure malfunction ☐ loss of control
☐ engine power loss ☐ damage to aircraft ☐ airframe failure
☐ fire/explosion/fumes ☐ fuel/fluids occurrence ☐ flight crew illness/incapacitation
☐ injuries to persons ☐ failure of emergency equip/procs ☐ evacuation
☐ passenger/cargo related occurrence ☐ valid warning/alert system ☐ invalid warning/ alert system
☐ emergency declaration ☐ other (specify)

Airspace incident Airspace ID - eg AA/TMA/C
☐ near collision ☐ loss of separation ☐ unauthorised altitude penetration
☐ unauthorised airspace incursion ☐ breach of other clearance ☐ pilot flight planning deficiency
☐ clearance/instruction deficiency ☐ flight information deficiency ☐ other (specify)
☐ TCAS Alert ☐ RA ☐ TA intruder relative altitude in feet relative position o'clock

Facility malfunction Facility ID Name Facility type
☐ failure/non availability ☐ coverage/intensity deficiency ☐ alignment/course deficiency
☐ excessive bends/roughness ☐ false overhead/distance indication ☐ identification deficiency
☐ readability deficiency ☐ interference ☐ other (specify)

Aerodrome occ.
☐ physical surface deficiency ☐ surface marking deficiency ☐ wildlife incursion
☐ physical obstruction ☐ equipment/installation deficiency ☐ apron management deficiency
☐ public protection deficiency ☐ other (specify)

Dangerous goods ☐ spillage/leakage ☐ fumes/gas/smoke/fire ☐ mis/nondeclaration ☐ other (specify)

Bird hazard ☐ strike ☐ near strike Species ☐ small ☐ medium ☐ large
Number seen ☐ 1 ☐ 2-10 ☐ 11-100 ☐ 100+ Number hit ☐ 1 ☐ 2-10 ☐ 11-100 ☐ 100+

Aircraft defect/ Engineering details Major component/system affected
ATA code Part defective
Manufacturer Model
Part number Serial number
TTIS Hours Cycles TSO Hours Cycles TSI Hours Cycles
Detection phase ☐ unscheduled **OR** ☐ scheduled maintenance Manufacturer advised ☐ Yes ☐ No
Compliance with ☐ AD ☐ SB Specify reference
Maintenance organisation Client Ph
Aircraft damage level ☐ destroyed ☐ substantial ☐ minor ☐ other (specify)
Aircraft disposal ☐ write-off ☐ repair ☐ unknown ☐ other (specify)

Engineering Description of Incident

Continue on separate sheet if necessary.

Submitter's Details

Name Client Tel: Date
Attachments ☐ sketches* ☐ reports ☐ photographs ☐ other (specify)
Submitter's investigation ☐ open **OR** ☐ closed Submitter's reference number
**If an accident, please supply a sketch of the site* We require more forms, please forward us forms

CA005

FILE NO. SAI

FINDING NO. F

Investigation Report

Complete white areas only where applicable

This section of the Form is intended to be completed by the reporter or reporter's organisation at the conclusion of their internal investigation. It may be submitted separately to the Occurrence Report. For further assistance with this section refer to Rule Part 12 Advisory Circular.

Date of occurrence | Time | ☐ ULAT ☐ UTC | Location

Aircraft manufacturer and model | Aircraft registration **JU -**

Finding attributed to: name | Client ID

Aviation document | Rule ref | Manual reference

☐ Non-compliance ☐ Non-conformance ☐ Observation ☐ Safety related concern ☐ Critical ☐ Major ☐ Minor

Description

Continue on separate sheet if necessary.

Cause

Cause 1

Person/organisation | Category | Item

Cause 2

Person/organisation | Category | Item

Client's Closing Action

1

Completion date

2

Completion date

☐ Estimated **OR** ☐ Actual cost of occurrence and corrective action US $

Reporter's Details

Name | Position

Organisation | Client ID

Date | Tel: | Reporter's ref number

FILE NO. ☐☐ SAI ☐☐☐☐

CAA Use Only

☐ ACC ☐ ASP ☐ BRD ☐ ARC ☐ DEF ☐ DGD ☐ NIO

☐ HGA ☐ INC ☐ NRO ☐ PAA ☐ SEC ☐ PIO ☐ ADI

Rule | Entered - Date | Initials

AAIB advised ☐Yes ☐No | Date | Time

AAIB investigating ☐Yes ☐No | AAIB reference ☐☐ ☐☐☐

Name of analyst | Name of investigator | Close on entry ☐Yes ☐No

Notes

Occurrence & Investigation Report

The Civil Aviation Authority maintains a computer database which records all aviation-related occurrences.

The objective of reporting occurrences is to provide information for the CAA to improve flight safety. This is achieved by analysis of safety-related trends so that preventative actions may be taken.

Your cooperation in notifying, reporting and investigating safety-related occurrences is requested so that together we can achieve a safer aviation environment.

SRD,
Civil Aviation Authority,
PO-34, Box-6,
Ulaanbaatar 17120,
Mongolia

Notification of Serious Harm or Accident under the Labour Safety and Hygiene Act

Required by the Labour Safety and Hygiene Act.

1 Personal data of injured person:

Name

Residential Address

Date of Birth Sex (M/F)

2 Occupation or job title injured person:
(Employees and self-employed persons only)

3 The injured person is:

- ☐ an employee
- ☐ a contractor (self-employed person)
- ☐ self
- ☐ other

4 Period of employment of injured person:

- ☐ 1st week
- ☐ 1st month
- ☐ 1-6 months
- ☐ 6 months-1 year
- ☐ 1-5 years
- ☐ over 5 years
- ☐ non-employee

5 Treatment of injury:

- ☐ None
- ☐ First aid only
- ☐ Doctor but no hospitalisation
- ☐ Hospitalisation

6 Cause (mechanism) of accident/serious harm:

- ☐ fall, slip or trip
- ☐ hitting objects with part of the body
- ☐ sound or pressure
- ☐ being hit by moving objects
- ☐ body stressing
- ☐ heat, radiation or energy
- ☐ biological factors
- ☐ chemicals or other substances
- ☐ mental stress
- ☐ other

7 Source (agency) of accident/serious harm:

- ☐ machinery or (mainly) fixed plant
- ☐ mobile plant or transport
- ☐ powered equipment, tool or appliance
- ☐ non-powered handtool, appliance or equipment
- ☐ chemical or chemical product
- ☐ material or substance
- ☐ environmental exposure (e.g. dust or gas)
- ☐ animal, human or biological agency (other than bacteria or virus)
- ☐ bacteria or virus
- ☐ other

8 Body part

- ☐ head
- ☐ neck
- ☐ trunk
- ☐ upper limb
- ☐ lower limb
- ☐ multiple locations
- ☐ systemic internal organs

9 Nature of injury or disease: ☐ fatal
(specify all)

- ☐ fracture of spine
- ☐ puncture wound
- ☐ other fracture
- ☐ poisoning or toxic effects
- ☐ dislocation
- ☐ multiple injuries
- ☐ strain or sprain
- ☐ damage to artificial aid
- ☐ head injury
- ☐ disease, nervous system
- ☐ internal injury of trunk
- ☐ disease, musculoskeletal system
- ☐ amputation, inc. eye
- ☐ disease, skin
- ☐ open wound
- ☐ disease, digestive system
- ☐ superficial injury
- ☐ disease, infectious or parasitic
- ☐ brusing or crushing
- ☐ disease, respiratory system
- ☐ foreign body
- ☐ disease, circulatory system
- ☐ burns
- ☐ tumour (malignant or benign)
- ☐ nerves or spinal cord
- ☐ mental disorder

10 If notification is from an employer:

(a) has an investigation been carried out? ☐ Yes ☐ No

(b) was a significant hazard involved? ☐ Yes ☐ No

Information Only

Serious harm includes death or ...

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
2. Amputation of body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation, or ingestion, of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

Accident - means an event that causes any person to be harmed; or in different circumstances, might have caused any person to be harmed.

Harm - means illness, injury or both; and includes physical or mental harm caused by work-related stress.