



Section/division
Telephone number:
Physical address
Postal address:

AIID
011-545-1000
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685
Website: www.caa.co.za

Form Number: CA 12-25
Fax Number: 011 545-1453

CENTRAL SAFETY REPORTING

NOTE:	REPORTING CAPACITY:	
<p><i>All appropriate particulars must be furnished. If actual figures are not known, please provide estimates. +-</i></p> <p><i>Indicate with an X where applicable</i></p>	ATC	
	Pilot	
	Crew	
	General Public	
	Other	

1. SUBMITTER'S DETAILS											
Full name:											
Full business/residential address											
								Postal code			
Telephone number					Fax number						
Cell/Mobile number					E-mail Address						
Date of Submission											
Type of report: Please tick appropriate box below											
<input type="checkbox"/>	Confidential	<input type="checkbox"/>	Voluntary	<input type="checkbox"/>	Mandatory	<input type="checkbox"/>	Hazard	<input type="checkbox"/>	Safety Report	<input type="checkbox"/>	Other
Date of occurrence					Time of occurrence				H		
Specify Type of Occurrence		Hazard					Incident				
Location of Incident/Hazard		Air		Airport		Ground		Taxiway			
		Other/Specify									
Does the incident involve an aircraft?		Yes		No		Please fill the correct information in spaces provided and tick in the appropriate blocks for ATC, Flight Crew & Engineers					
Type of Aircraft:		Aeroplane		Helicopter		Other					
Visibility		Day		Night		Dawn		Dusk			
Type of Flight		VFR		IFR		SVFR		NON			
Type of Operations		Scheduled		Charter		Corporate		Other			

Flight Phase	Taxing				Cruise				Approach				Missed App			
	Climb				Descend				Landing							
Type of Airspace <small>Class A, B, C, D, E, F, G/Special use</small>																
Altitude		MSL								AGL						
Cloud Visibility		Ceiling		ft		Visibility		m		RVR		m				
Weather Conditions		IMC		VMC		Cloudy				Wind shear		Rain				
		Thunderstorms								Other:						

2. ATC Service being provided											
Control Status		Visual App		Radar control		Radar vector on SID/STAR		No Communication			
Ground Facility		Communication			Navigation			Surveillance			
ATC License Holder Information:											
Radar Experience				(yrs)	Non-Radar Experience				(yrs)	Supervisory Experience	
3. Flight Crew:											
Pilot Information											
Type of License		SPL		PPL		CPL		ATPL		Other	
Position in the aircraft		Student pilot			Co-pilot			Pilot in command			Instructor
Hours		Total Time				Last 90 Days			On Type		
3.1 1Cabin Crew information:											
Cabin activity		Boarding			Beverage service			Meal services			Tray services
		Related Duties			Deplaning			Cart services			Other
3.2 For Engineers:											
Engine Type											
System Component											
Activity		Maintenance			Turn Around			Refueling			Other
		Yes	No					Yes	No		
Does the organization have a safety management program?				Does the organization have a quality assurance program?				Has the organization recently been subject to an outside audit?		Yes	No
Is there a safety department? If so, to whom does it report?		Yes	No	Report to? (CEO/Executive/etc.)			Has there been a formal hazard analysis of the operation?			Yes	No
4 In the space provided please give details of the occurrence and suggestions on what can be done to prevent a reoccurrence or correct the situation:											

