



Section/division
Telephone number:
Physical address
Postal address:

AID
011-545-1363/1242
Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng
Private Bag X73, Halfway House 1685 Website: www.caa.co.za Email Address: csr@caa.co.za

Form Number: CA 12-26
Fax Number: 011 545-1453

GENERAL AVIATION CENTRAL SAFETY REPORT FORM

Note:										No Record of Your Name and Address Will Be Kept on File			
1. Mandatory Fields: Your personal details are required only to enable us to contact you for further details about any part of your report. 2. On closing, this Report Form will be returned to you.													
Name													
Address													
										Post code			
Tel						E-mail Address							
It is CSR policy to acknowledge a report or receipt and then to provide a comprehensive closing response. If you do not require a closing response please tick the box:													
YES		NO		I do not require a response from CSR									
Please complete relevant information about the event/situation													
Confidential		Voluntary		Mandatory		Hazard		Other safety report					
YOURSELF-CREW POSITION				THE FLIGHT/EVENT									
Student Pilot		Instructor		Date of Occurrence		Time		Local/GMT					
Pilot in command		Co-Pilot not		Location		ALT		MSL		AGL			
Other crew member				Aircraft Type		Day		Night					
EXPERIENCE				TYPE OF FLIGHT				NATURE OF FLIGHT					
Total flying hours		Hrs		IFR		VFR		Pleasure		Business			
Hours on type		Hrs		Other				Training		Other			
LICENCE/RATING				WEATHER				FLIGHT PHASE					
SPL		PPL		VMC		IMC		Taxi		Take-Off			
CPL		ATPL		Rain		Fog		Climb		Cruise			
Instructor		Multi-Eng		Ice		Snow		Descent		Approach			
Inst. Rating		Other		Other		Wind shear		Landing		Go around			

COMPANY/ORGANISATION (if applicable)				MY MAIN POINTS ARE:					
Name of Organisation				A.					
Report Topic				B.					
My report relates to:				C.					
SAFETY SYSTEM									
Does the organization have a safety management program?	Yes	No	Does the organization have a quality assurance program?	Yes	No	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	
DESCRIPTION OF EVENT									
Your narrative will be reviewed by a member of the CSR staff who will remove all information such as dates/locations/names that might identify you. Bear in mind the following topics when preparing your narrative:									
Chain of events • Communication • Decision Making • Equipment • Situational Awareness • Weather									
LESSONS LEARNED									
Describe the lessons learned as a result of the incident. Do you have any suggestions to prevent a similar event?									