



Section/division
Telephone number:
Physical address
Postal address:

AIID
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 12-27
Fax Number: 011 545-1453

AIR TRAFFIC CONTROL CENTRAL SAFETY REPORT FORM

Note:
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.

No Record of Your Name and Address Will Be Kept on File

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
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Please complete relevant information about the event/situation

Confidential		Voluntary		Mandatory		Hazard		Other safety report
YOURSELF				THE EVENT/SITUATION				
Total experience		Yrs	Date				Weather	
Radar Experience		Yrs	Local time				VMC	IMC
Non-Radar Experience		Yrs	Location of aircraft				Rain	Fog
Supervisory Experience		Yrs	Nearest reporting point				Ice	Snow
Under training		Day		Night		Wind shear		Other
ATC service(s) being provided		FLIGHT PHASE			1ST AIRCRAFT		2ND AIRCRAFT	
Control Status		Taxi		Take off		Type/series		Type/series
Visual app		Radar control		Radar vector		climb		cruise
Type(s) of airspace		descent		approach		PAX		Freight
Type of radar		landing		Go around		Other		Other
Shift worked		Other				IFR		VFR
Hours on duty		Hrs				Other		Other

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

