



Section/division
Telephone number:
Physical address
Postal address:

AIID
011-545-1363/1242

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Website: www.caa.co.za

Form Number: CA 12-31

Fax Number: 011 545-1453

Email Address: csr@caa.co.za

PILOT 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		VOLUNTAR Y		MANDATORY		HAZARD		OTHER/SAFETY REPORT			
YOURSELF-CREW POSITION				THE FLIGHT/EVENT							
Pilot in command		Co-Pilot		Date of Occurrence		Time		Local/GM T			
Student		Instructor		Location		Height/ALT/FL					
Flight engineer		Other crew member		Type of ATC service		Day		Night			
THE AIRCRAFT				TYPE OF FLIGHT			TYPE OF OPERATION				
Type/Series				IFR		VFR		Passenger		Training	
Number of crew				Other			Freight		Other		
EXPERIENCE/QUALIFICATION				WEATHER			FLIGHT PHASE				
Total hours			Hrs	VMC		IMC		Taxi	Take-Off		
Hours on type			Hrs	Rain		Fog		Climb	Cruise		
Last 90 days			Hrs	Ice		Snow		Descent	Approach		
Other Qualifications				Other		Wind shear		Landing	Go around		
SAFETY INFORMATION											
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	

THE COMPANY		MY MAIN POINTS ARE:	
Name of Company		A.	
REPORT TOPIC		B.	
My report relates to:		C.	

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 • Task Allocation • Teamwork • Training • Sleep Patterns

LESSONS LEARNED

Describe the lessons learned as a result of the incident. Do you have any suggestions to prevent a similar event?
