



Section/division
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Physical address
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Form Number: CA 12-34
Fax Number: 011 545-1453

CENTRAL SECURITY REPORTING

<p>NOTE:</p> <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>	<p>REPORTING CAPACITY:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Airport Security</td> <td style="width: 20%;"></td> </tr> <tr> <td>Airline Security</td> <td></td> </tr> <tr> <td>ATC</td> <td></td> </tr> <tr> <td>Pilot /Crew</td> <td></td> </tr> <tr> <td>General Public</td> <td></td> </tr> </table>	Airport Security		Airline Security		ATC		Pilot /Crew		General Public	
Airport Security											
Airline Security											
ATC											
Pilot /Crew											
General Public											

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								
Specify Type of Occurrence		<input type="checkbox"/> Security Breach				<input type="checkbox"/> Security Incident						
Location of Incident/Breach		<input type="checkbox"/> Air		<input type="checkbox"/> Airside		<input type="checkbox"/> Terminal		<input type="checkbox"/> Landside				
		<input type="checkbox"/> Other/Specify										
Did the incident/ Breach involve an aircraft?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please fill the correct information in spaces provided and tick in the appropriate blocks for ATC, Flight Crew & Engineers						
Type of Aircraft:		<input type="checkbox"/> Aeroplane		<input type="checkbox"/> Helicopter		<input type="checkbox"/> Other						
Type of Operations:		<input type="checkbox"/> Scheduled		<input type="checkbox"/> Charter		<input type="checkbox"/> Corporate		<input type="checkbox"/> Other				
Did the incident/ Breach involve the airside?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please fill the correct information in spaces provided and tick in the appropriate blocks						
Did the incident/ Breach involve the Terminal/ landside?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please fill the correct information in spaces provided and tick in the appropriate blocks						
Did the incident/ Breach involve the ATC Service being provided?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		Please fill the correct information in spaces provided and tick in the appropriate						

