



PILOTS VOLUNTARY REPORTING

If report is confidential place a X in the box above. Please provide a Tel.

The object of this paper is to encourage aircraft Operators and/or Pilots to share information, following an occurrence or incident. Identities will only be revealed with the informant's permission. Please fill in each section with as much detail as possible. If you do not wish to fill in a section, for the purpose of staying anonymous, do not tick the box.

Aircraft type	Registration	Operator	Date	Time	Location/Position/Runway	Day Night Twilight
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NATURE OF FLIGHT	TANDEM <input type="checkbox"/>	STATIC LINES	AFF <input type="checkbox"/>	FS <input type="checkbox"/>	FF <input type="checkbox"/>	MIXED <input type="checkbox"/>	OTHER (STATE):
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FLIGHT PHASE	PARKED	TAXYING	TAKE OFF	INT CLIMB	CLIMB	JUMP RUN	CRUISE	DESCENT	APPROACH	LANDING
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ENVIRONMENT DETAILS																				
WIND		CLOUD			PRECIPITATION				OTHER METEOROLOGICAL CONDITIONS					RUNWAY STATE						
DIR	SPEED MPH	TYPE	HT (ft)	8TH	RAIN	SNOW	SLEET	HAIL	VISIBILITY	ICING			TURBULENCE			DRY	WET	ICE	SNOW	SLUSH
					LIGHT		MOD	HEAVY	KM	L	M	S	L	M	S	CAA Category of Airfield	P	1	11	111

Brief Title of Occurrence/Incident

Description of Occurrence/Mistake/Incident

continue overleaf as necessary

Description of occurrence continued

The following information is voluntary, anonymity will be respected

Pilots Name:	Name of informant:	No of years flying Experience <input style="width: 50px; height: 20px;" type="text"/> Age <input style="width: 50px; height: 20px;" type="text"/>	Total flying hours <input style="width: 60px; height: 20px;" type="text"/> Total hours on type <input style="width: 60px; height: 20px;" type="text"/> Total hours in last six months <input style="width: 60px; height: 20px;" type="text"/>
If report is submitted voluntarily (ie, not subject to mandatory requirements). Can identities be disclosed?	Yes No	Signature of Informant	Address or Telephone No. (if reporter wishes to be contacted privately)

ORGANISATION COMMENTS-ASSESSMENT/ACTION TAKEN/SUGGESTIONS TO PREVENT