



PHILIPPINE AVIATION INCIDENT REPORTING SYSTEM PAIRS**CONFID**

NOTE: This form is not for the reporting of accidents, serious incidents, mandatorily reportable incidents or criminal activities.

Date of occurrence	Location of Occurrence
<input type="text"/>	<input type="text"/>

Aircraft type	Aircraft registration	Aircraft operator	Flight no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Occupation (e.g. pilot, LAME)	Total pilot hours. If applicable	Non-pilot aviation experience (vr/mo)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phase of flight (please tick)

Taxiing <input type="checkbox"/>	Take-Off <input type="checkbox"/>	Climb <input type="checkbox"/>	Cruise <input type="checkbox"/>	Descent <input type="checkbox"/>	Landing <input type="checkbox"/>	Others (specify) <input type="checkbox"/>
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Altitude	Weather conditions		
<input type="text"/>	Visibility	Wind	Cloud

Please fully describe the occurrence (include your suggestion to prevent similar occurrences.)

(Cont'd overleaf or at back)

Your name:	Date:	
Address:		
Tel no:	Leave Message? YES NO	Time of day to call:

For official use by PAIRS Program Manager only:

Administered by:	Date
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