



**Republic of the Philippines  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES**

**ATS OCCURRENCE REPORT FORM**

Please check the box if CONFIDENTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	CAAP Occurrence No.
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CATEGORIES OF OCCURRENCE 1 <input type="checkbox"/> ACCIDENT <input type="checkbox"/> AIRPROX <input type="checkbox"/> INCIDENT <input type="checkbox"/> INFRINGEMENT							
2 Occurrence Position	3 FL/ALT/HT(FT)	4 DATE (dd/mm/yyyy)			5 TIME LOCAL/UTC	6 DAY/NIGHT	
OPERATOR	CALL SIGN/REGN	TYPE	FROM	TO	SSR CODE	MODE C DISPLAYED (YES/NO)	IFR/VFR/SVFR
7	8	9	10	11	12	13	14
15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30
31 RTF Frequencies	32 Radar Equipment	33 Equipment Unserviceabilities			34 QNH	35 Runway in use	
36 CLASS OF AIRSPACE A    C    E    G B    D    F		37 TYPE OF AIRSPACE ATZ    CTA    CVSM    Prohibited area    RVSM    Transitional area    Other CBA    CTR    TMA    Danger area    Restricted area    TSA    Unknown					
38 TYPE OF ATS SERVICE Radar    Approach    Other    Radar Control    Traffic Service    ADC    ALR Aerodrome    Area    Procedural Control    Radar Service    Basic Service    GMC						39 SID/STAR/ROUTE	
40 Was prescribed separation lost?	41 Min Separation	42 Alert Activation			43 Traffic info given by ATC?	44 Avoiding action given by ATC?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Collision    TCAS    SMF Conflict Alert    STCA				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
45 BRIEF TITLE:							
46 DESCRIPTION: use a diagram if necessary (Aerodromes submit weather report including QNH).							
continue on a separate sheet if necessary.							
47 ACTION TAKEN							
PERSON SUBMITTING THE REPORT:							
48 Name:			49 Signature:			50 Date:	
51 On duty as			52 Time since last break	53 Start time of shift (UTC)		54 Radar recordings held <input type="checkbox"/> YES <input type="checkbox"/> NO	
55 ATS Office/Facility:			56 RTF recordings held <input type="checkbox"/> YES <input type="checkbox"/> NO		57 List other agencies advised		
58 Address:			59 Landline/Mobile no./E-mail address:				
FOR AVIATION SAFETY ANALYSIS DIVISION USE ONLY:							
60 Received by:			61 Date:				
62 ADMIN Tracking No.:			63 Time:				

## GUIDELINES ON THE COMPLETION OF ATS OCCURRENCE REPORT

ACCIDENT	A reportable accident.
AIRPROX	A situation in which, in the opinion of a pilot or a controller, the distance between aircraft as well as their relative positions and speed have been such that the safety of the aircraft involved was or may have been compromised.
INCIDENT	An occurrence, other than an accident, associated with the operation of an aircraft which affects or could affect the safety of operation.
INFRINGEMENT	An alleged unauthorized infringement of regulated airspace.

### EXPLANATORY NOTES

GENERAL	Complete ALL boxes. If NOT APPLICABLE use N/A, or if NOT KNOWN use N/K. Avoid use of technical jargon, hieroglyphics and abbreviations.
BOX 1	Should the Occurrence involve more than one category, tick both categories.
BOXES 7 TO 14 BOXES 15 TO 22 BOXES 23 TO 30	} These boxes cater for up to three involved aircraft. Use the narrative for additional aircraft.
BOX 40	Must be completed if prescribed separation was required to be achieved in accordance with manual of ATS procedures.
BOX 41	Should contain your estimate, where possible, of the minimum separation achieved and must be completed for an AIRPROX. This will be coded for computer input purposes and amended if necessary after investigation.
BOX 45	This box should contain a simple, one-line statement summarizing the Occurrence, i.e. 'Coordination problems', 'Level bust', 'Overload' etc.
BOX 54 & 56	Relevant RTF and Radar recordings can be vitally important to subsequent investigations. Retention action should be considered for all reports and is to be in accordance with ATS Manual and any local procedures.
BOX 57	It is important to ensure that any involved agency (e.g. Pilot, Operator, ATSU) is informed of the reporting action. This box should also indicate those organizations required by ATS Manual to be informed (e.g. AAIB, AANSOO, FSIS).

### REPORTING TIME

Reports must be dispatched within 72 hours of the event unless exceptional circumstances prevent this.

### SUBMIT REPORT TO

The Director General  
Office of the Director General  
Civil Aviation Authority of the Philippines,  
Old MIA Road, Pasay City, 1300 Philippines  
Telephone Number: (02) 7944-2001  
Email Address: [asad.rsdfs@caap.gov.ph](mailto:asad.rsdfs@caap.gov.ph)  
[asad@caap.gov.ph](mailto:asad@caap.gov.ph)

### ACKNOWLEDGEMENT OF REPORTS

Acknowledgement of report or any inquiry, please contact the Aviation Safety Analysis Division (ASAD), Regulatory Standards Department, Flight Standards Inspectorate Service, Civil Aviation Authority of the Philippines, Old MIA Road, Pasay City direct on telephone number: (02) 7944-2151 or e-mail to [asad.rsdfs@caap.gov.ph](mailto:asad.rsdfs@caap.gov.ph) / [asad@caap.gov.ph](mailto:asad@caap.gov.ph).

### CONFIDENTIAL REPORTS

A report may be submitted confidentially. If the report is 'CONFIDENTIAL' please tick the box 'Yes' on top of the form to annotate confidentiality of the report, and if it is sent to CAAP's address, mark the envelope "Personal for the Director General". CAAP will respect the confidentiality and a representative will contact you personally. Boxes 48 to 59 should be completed. You may opt to send your report to [asad.rsdfs@caap.gov.ph](mailto:asad.rsdfs@caap.gov.ph) / [asad@caap.gov.ph](mailto:asad@caap.gov.ph).