



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

GENERAL SAFETY REPORT FORM

Please check the box if CONFIDENTIAL <input type="checkbox"/> YES <input type="checkbox"/> NO	CAAP Occurrence No.
---	---------------------

1 AIRCRAFT TYPE & SERIES		2 REGISTRATION NO.		3 DATE (dd/mm/yyyy)		4 TIME LOCAL/UTC	
5 OPERATOR				6 LOCATION/POSITION			7 <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT
8 FLIGHT NO.	9 ROUTE FROM	10 ROUTE TO	11 FL/ALT/HT/(FT)		12 IAS (KT)		
13 FLIGHT PHASE			14 TCAS RA <input type="checkbox"/> YES <input type="checkbox"/> NO		15 EDTO <input type="checkbox"/> YES <input type="checkbox"/> NO		
16 FLIGHT PLAN			17 PIC W/ PEL NO.		18 SIC W/ PEL NO.		

ENVIRONMENTAL DETAILS

19 WIND		20 CLOUD		21 PRECIPITATION	22 RWY STATE	23 OTHER METEOROLOGICAL CONDITIONS			
DIRN	SPEED (kt)	TYPE	HEIGHT (ft)			VISIBILITY	ICING	TURBULENCE	OAT (°C)
					CATEGORY	KM			

24 BRIEF TITLE

25 DESCRIPTION OF OCCURRENCE

26
Any procedures, manuals, pubs. (Circulars, Amendments, etc.) directly relevant to occurrence and (where appropriate) compliance state of aircraft, equipment or documentation.

GROUND STAFF REPORT									
27 A/C CONSTRUCTOR'S NO.		28 ENGINE		29 EDTO APPROVED		30 GROUND PHASE		31 MAINTENANCE ORGANIZATION	
				<input type="checkbox"/> YES		<input type="checkbox"/> NO		TEL. NO.	
32 COMPONENT/PART			33 MANUFACTURER			34 PART NO.		35 SERIAL NO.	
36 MANUAL REFERENCES					37 COMPONENT OH/REPAIR ORGANIZATION				
38 ORGANIZATION & APPROVAL REFERENCE			39 NAME			40 POSITION			
41 SIGNATURE						42 DATE (dd/mm/yyyy)			
43 If report is voluntary (i.e. not subject to mandatory requirements) can the information be published in the interest of safety?			<input type="checkbox"/> YES		44 Address and tel. no. (if reporter wishes to be contacted privately)		45 NOTE 1: If additional information, as below, is available please provide. NOTE 2: If the Occurrence is related to a design or manufacturing deficiency, the manufacturer should also be advised promptly. NOTE 3: Where applicable, a report of this incident should be forwarded directly to other agencies involved.		
			<input type="checkbox"/> NO						
46 UTILIZATION - AIRCRAFT				47 UTILIZATION - ENGINE/COMPONENT				48 MANUFACTURER ADVISED	
	TOTAL	SINCE OH/REPAIR	SINCE INSPECTION		TOTAL	SINCE OH/REPA	SINCE INSPECTION	<input type="checkbox"/>	<input type="checkbox"/>
HOURS CYCLES LANDINGS				HOURS CYCLES LANDINGS				YES	NO
49 REPORTING ORGANIZATION - REPORT	Action Taken at Station:								
	Investigation on Findings:								
	SMS: Potential Hazard(s) identified during investigation, if any:								
	Conclusion:								
	Action Taken / Planned:								
	Component Part(s) Name / Number (if applicable):								

50 VERIFICATION / FOLLOW UP	Verification of Action Taken and Effectiveness:							
	Any Further Action Taken / Recommended:							
51 ORGANIZATION E-MAIL	52 TEL/FAX	53 REPORTERS REF	54 REPORT <input type="checkbox"/> NEW <input type="checkbox"/> SUPPL		55 REPORTERS INVESTIGATION <input type="checkbox"/> NIL <input type="checkbox"/> CLOSED <input type="checkbox"/> OPEN		56 FOR DATA RETAINED <input type="checkbox"/> YES <input type="checkbox"/> NO	
57 NAME E-MAIL			58 POSITION SIGNATURE			DATE (dd/mm/yyyy)		
FOR AVIATION SAFETY ANALYSIS DIVISION USE ONLY:								
RECEIVED BY:				DATE:				
ADMIN TRACKING NUMBER:				TIME:				

GUIDELINES ON THE COMPLETION OF THE CAAP GENERAL SAFETY REPORT FORM

- 1) This form is to be used to report operational hazards, work-related injuries, accidents, incidents, errors, mistakes, non-compliance to CAR and other safety concerns or recommendations for safety improvements that may affect AOC holders, service providers, the flying public, facilities, equipment or other properties.
- 2) An occurrence may be reported confidentially. Please clearly annotate the top of the form "CONFIDENTIAL" and mark the envelope "Personal for the Director General". CAAP will respect the confidentiality and contact you personally.
- 3) Please send 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
- 4) ACKNOWLEDGEMENT OF REPORTS OR ANY INQUIRIES. 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 / asad@caap.gov.ph.
- 5) CONFIDENTIAL REPORTS: You may opt to send your email to asad.rsdfs@caap.gov.ph / asad@caap.gov.ph, CAAP will respect the confidentiality and a representative will contact you personally.
- 6) No action will be taken against any person who reports deficiencies, operational hazards and safety concerns through the safety reporting system except if such disclosure indicates an illegal act, gross negligence or a deliberate or willful disregard of regulations, standards or procedures.
- 7) Please fill in appropriate spaces and check all items applicable to the event or occurrences.