



Republic of the Philippines  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES

Philippine Aviation Incident Reporting System (PAIRS)

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

Date of occurrence

Location of Occurrence

Aircraft type

Aircraft registration

Aircraft operator

Flight no.

Occupation (e.g. pilot, LAME)

Total pilot hours. If applicable

Non-pilot aviation experience (year/month)

• 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 <input type="checkbox"/>
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Altitude

Weather conditions

Visibility

Wind

Cloud

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

Your name:

Date:

Address:

Tel no:

Leave Message?

Time of day to call:

YES NO

For official use by PAIRS Program Manager only:

Administered by:

Date:



**Philippine Aviation Incident Reporting System (PAIRS)**

**INSTRUCTIONS**

- 1) Write legibly and fill-out completely.
- 2) Use blue or black pens only.
- 3) Add additional pages or attachments as necessary.
- 4) Always write full name and signature.
- 5) Please enter NA for data that are not available.

ITEM	DESCRIPTION
Date of Occurrence	Date when the occurrence happened
Location of Occurrence	Location of Occurrence where it happened
Aircraft Type	Type of aircraft involved
Aircraft Registration	Registration Number of the Aircraft involved
Aircraft Operator	Aircraft Operator of the Aircraft involved
Flight No.	Flight No. of the Aircraft involved
Occupation	Occupation of Person reporting (e.g. Pilot)
Total Pilot hours	Total Pilot hours, If the Person reporting is a Pilot
Non-pilot aviation Experience	Non-pilot aviation experience of Person reporting
Phase of Flight	Select by ticking the box
Altitude	Altitude of the aircraft involved when reporting happened
Weather Conditions	Select by ticking the box
Description of Occurrence	Briefly Describe what happened on the aircraft involved
Your Name	Full Name of Person filling out the form
Date	Date when the form is filled-out (dd/mm/yyyy)
Address	Full Address of Person filling out the form
Tel. No.	Contact Number of Person filling out the form
Time of day to call	Best Time to call AAIB
Administered by	Full Name of Person Administering the form
Date (lower right)	Date when the form was administered