



Use this form for all Non-Flight-Related incidents including aircraft ground maintenance or facilities

<u>Title of Occurrence:</u>				<u>Operator:</u>	
<u>Originator of the Report:</u>			<u>Date of Occurrence:</u>		<u>Time of Occurrence</u>
<u>Location of Occurrence:</u>	<u>Sub-Location of Occurrence:</u>		<u>Shift:</u>	<u>Customer Aircraft Assigned To:</u>	<u>Job /Base file Ref Number:</u>
<u>Aircraft/Vehicle Registration Number:</u>	<u>Aircraft/Vehicle Type:</u>	<u>Aircraft Serial Number:</u>	<u>Aircraft Total Time:</u>	<u>Base Aircraft Assigned To:</u>	
<u>Technical Log or Work Order Reference:</u>			<u>Maintenance Manual Reference:</u>		
<u>Type of Operation:</u> <input type="checkbox"/> Line Maintenance <input type="checkbox"/> Repair Station <input type="checkbox"/> GSE (Ground Support Equipment) <input type="checkbox"/> Vehicles <input type="checkbox"/> Facilities <input type="checkbox"/> Other:					
DESCRIPTION of Occurrence:					
<u>Type of Occurrence :</u> (check all blocks that apply to the occurrence being reported)					
<input type="checkbox"/> Human Factor Component		<input type="checkbox"/> Aircraft Damage		<input type="checkbox"/> Personal Injury	
				<input type="checkbox"/> Environmental Hazard	
_____ Name of Person Filing Report (Print)			_____ Employee Number		_____ Date



Mechanic / Technician's Report of Corrective / Preventative Action Taken:

<u>Primary Affected / Failed Component (1)</u>	<u>Part Number (1)</u>	<u>Part Serial Number (1)</u>	<u>Quarantined (1)</u>	<u>Tag / Demand Number (1)</u>
<u>Primary Affected / Failed Component (2)</u>	<u>Part Number (2)</u>	<u>Part Serial Number (2)</u>	<u>Quarantined (2)</u>	<u>Tag / Demand Number (2)</u>

_____	_____	_____
Mechanic / Technician (Print)	Date	Time

_____	_____
Director Of Maintenance (Print)	Date

Base Manager / Chief Pilot / Manager Review

Manager Comments:

Incomplete Report: <input type="checkbox"/> Yes	_____	_____
	Manager (Print)	Date

(The following information will be completed by the Quality & Safety Department)

Mandatory Report: <input type="checkbox"/> YES <input type="checkbox"/> NO	FAA Advised: <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Investigation: <input type="checkbox"/> None <input type="checkbox"/> Open <input type="checkbox"/> Closed	Manufacturer Advised: <input type="checkbox"/> YES <input type="checkbox"/> NO

Safety Department Comments:

_____	_____
Person Reviewing Report (Print)	Date