



**GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE**

Form#: GCAA/AIR/2687
Origin: Airworthiness
Rev 01

MANDATORY OCCURRENCE REPORT

OPERATOR / ORGANISATION INFORMATION												
NAME OF OPERATOR / ORGANISATION				ADDRESS				COMPANY REFERENCE				
GENERAL												
AIRCRAFT REGISTRATION		AIRCRAFT MODEL		DATE OF OCCURRENCE (D-M-Y)			LOCATION			TIME (UTC)		
FLIGHT INFORMATION												
FLIGHT NO.	ROUTE FROM	ROUTE TO	DAY	NIGHT	TWILIGHT	ALTITUDE	OAT (°C)	IAS (KNOTS)	VISIBILITY	EDTO		
NATURE OF FLIGHT (CHECK [✓] ALL APPLICABLE ITEM)												
PASSENGER	CARGO	AERIAL WORK	TOWING	PARACHUTING	TRAINING	FERRY						
TEST	SURVEY	PLEASURE	BUSINESS	CLUB/GROUP	PRIVATE	POSITIONING						
FLIGHT PHASE (CHECK [✓] ALL APPLICABLE ITEM)												
PARKED	TAXI	TAKE-OFF	CLIMB	CRUISE	DESCENT	APPROACH	LANDING	CIRCUIT	AEROBATICS	HOLDING	HOVER	
WEATHER (ENVIRONMENT) INFORMATION												
WIND		CLOUD				PRECIPITATION						
DIRECTION	SPEED (KTS)	TYPE	HEIGHT	AMOUNT (8THS)	RAIN	SNOW	SLEET	HAIL	LIGHT	MODERATE	HEAVY	
ICING			TURBULENCE				RUNWAY					
LIGHT	MOD	HEAVY	LIGHT	MOD	SEVERE	EXTREME	DRY	WET	ICE	SNOW		
GROUND STAFF REPORT												
AIRCRAFT SERIAL NUMBER		ENGINE MODEL		EDTO APPROVED		GROUND PHASE		GROUND HANDLING		MAINTENANCE		UNATTENDED
				<input type="checkbox"/> Yes <input type="checkbox"/> No								
AIRCRAFT												
AIRCRAFT TOTAL TIME (HRS)			AIRCRAFT TOTAL LANDINGS			LAST CHECK		APPROVED MAINTENANCE ORGANISATION				
						TYPE	HOURS					
EQUIPMENT DETAILS												
COMPONENT		POSITION		MANUFACTURER		PART NUMBER		SERIAL NUMBER		REPAIR AGENCY		ATA CODE
TIME SINCE NEW		TIME SINCE OVERHAUL		TIME SINCE INSPECTION		MANUAL REFERENCE		COMPONENT CONDITION		MANUFACTURER ADVISED		
										<input type="checkbox"/> Yes <input type="checkbox"/> No		



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NARRATIVE					
NOTES: 1. To be filled in by operator, AMO representative, flight crew and/or person reporting the occurrence. 2. State full description of the occurrence or service difficulty; inspections done, conclusion and measures to be put in place to prevent future occurrences of similar nature. 3. Use additional pages if narrative cannot fit in the space below.					
REPORTER'S INFORMATION					
REPORTER'S NAME		SIGNATURE		POSITION HELD	
ORGANISATION		CONTACT TELEPHONE NUMBER		DATE (D-M-Y)	
FOR GCAA USE ONLY					
INSPECTOR ASSIGNED	ASSIGNED BY	DATE	GCAA REFERENCE	OCCURRENCE CODE	DATE OPENED
COMMENTS					
FINAL AUTHORITY MAKING CLOSURE					
NAME OF GCAA REPRESENTATIVE		SIGNATURE		DATE OF CLOSURE	