



# GUYANA CIVIL AVIATION AUTHORITY MANDATORY OCCURRENCE REPORT

Form No: AW 065-R1

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	ETOPS		
NATURE OF FLIGHT (CHECK [✓] ALL APPLICABLE ITEM)												
PASSENGER		CARGO		AERIAL WORK		TOWING		PARACHUTING		TRAINING		
TEST		SURVEY		PLEASURE		BUSINESS		CLUB/GROUP		PRIVATE		
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		ETOPS APPROVED		GROUND PHASE		GROUND HANDLING		MAINTENANCE		
				<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		
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	POSITION	DATE OF CLOSURE