

**Department of Civil Aviation**

**VOLUNTARY REPORT FORM**

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| SECTION 1 : CONTACT DETAILS | | | | | | | |
| *Your personal details are required only to enable us to contact you for further details about any part of your report. Please do not submit anonymous report, as the reporting cannot be validated. A member of Regulatory Division will de-identify (remove names) for protection of reporting persons.* | | | | | | | |
| Name | |  | | | | | |
| Address | |  | | | | | |
|  | | | | | |
| Telephone | |  | | E-mail | |  | |
|  | Please tick (√) this box if you do not require acknowledgement of a receipt of the report. | | | | | | |
| SECTION 2 : ABOUT YOU | | | | | | | |
| Your Role | |  | | Rank / Position | | |  |
| Organisation | |  | | Total years at current position | | |  |
| SECTION 3 : EVENT DETAILS | | | | | | | |
| Date of Occurrence | |  | | Time of Occurrence | | |  |
| Aircraft Type | |  | | Aircraft Registration | | |  |
| Flight No. | |  | | Route | | |  |
| No. of PAX on board | |  | | No. of Cabin Crew on board | | |  |
| Flight Phase  *Please Tick (√)* | |  | Pre-Departure |  | Stand / Gate Arrival | | |
|  | Taxi |  | Others *(please specify)*: | | |
|  | Take-Off / Climb |  |  | | |
|  | Descent / Landing |  |  | | |
| Contributing Factors  *Please Tick (√)* | |  | People and/or Training |  | Process and/or Procedures | | |
|  | Business Pressure or Timescale |  | Infrastructure and/or Equipments | | |
|  | Others *(please specify)*: |  | | | |
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| SECTION 4 : DESCRIPTION OF EVENT (*Photographs and/or diagrams are welcomed)* |
| *Your narrative will be reviewed by a member from the Regulatory Division, Department of Civil Aviation who will remove all information such as dates / locations / names that might identify you. Please include as much information as possible including chain of events, communications, decision making, equipment, situational awareness, weather, task allocation, teamwork, training and sleep patterns.* |
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| SECTION 5 : LESSONS LEARNED |
| *Describe the lessons learned as a result of the event. Do you have any suggestion to prevent similar event?* |
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Completed form and supporting materials should be sent via mail, fax or e-mail.

Address: 3rd Floor, Regulatory Division

Department of Civil Aviation

Brunei International Airport

Ministry of Communications

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