**ATS ENGINEERING OCCURRENCE REPORT - FORM MOR03**

**Please complete this form and send it to the above email address. Alternatively, this can be handed in to the above address or via fax. For guidance, please refer to Advice on the completion of form – MOR03**

|  |
| --- |
| **CATEGORIES OF OCCURRENCE** |
| **1** | **ACCIDENT** [ ]  | **INCIDENT** [ ]  | **PROCUDERAL** [ ]  | **FAILURE** [ ]  | **HAZARD** [ ]  |  |
| **2Occurrence Location** | **3 Date** | **5 Duration** | **6 ATS Facility** | **7 Service Affected** |
|  |  |  | **RTF Radar/Nav-aid/Other:** | **Control/Procedural/Radar/GMC/Approach/Aerodrome/Information/Air Navigation**  |
| **4 Time (UTC)** |
|  |
| **8 Equipment Type/Manufacturer** | **9 Frequency** | **10 Callsign** | **11 Equipment Affected** |
|  |  |  |  |
| **12 Facility Configuration** | **13 Equipment Status** | **14 Previous Defects/Occurrences** | **15 RTF Frequencies/Radar Source**  |
| **In/Out-of-Service,****Main-mode/Standy/Test** | **Planned/****Unplanned Outage,****Serviceable/Degradation/Unserviceable, Routine/Corrective Maintenance, Modification/Replacemet** | **YES/NO/Not Known** |  |
| **Channel A(1)/B(2)/Other:** |
| **External Information Source:** |
| **16 NARRATIVE – use a diagram if necessary (attached copies of relevant information)** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **17 Recordings impounded****YES/NO - Details** | **18 Can the information be disseminated in the interest of flight safety?** | **20 Name** | **23 Address & Telephone Number (if the reporter wishes to be contacted privately** |
|  |  |
| **19 Other fault report action****ATC CAA1311/Local Reporting/Other:** | **21 Organization/Position** | **24 Signature** |
| **22 Start time and duration of shift** | **25 Date** |