



**AVIATION SAFETY CIRCULAR
07/2018**

VOLUNTARY OCCURRENCE REPORTING (VOR)

In exercise of the powers conferred by sections 7(a) of the Civil Aviation Order, 2006 and regulations 86 and 91(1) of the Civil Aviation Regulations, 2006 and in accordance with BAR 19 Safety Management, I, **MOHAMMAD NAZRI MOHAMMAD YUSOF**, the Acting Director of the Department of Civil Aviation hereby issue this Direction for the purpose of -

- (a) notifying that Department of Civil Aviation has established a Voluntary Occurrence Reporting (VOR) system; and
- (b) notifying that Voluntary Report Form has been made available on the Department of Civil Aviation website (<http://mincom.gov.bn/dca/VOR>)

Please find attached the **Voluntary Report Form** for reference and dissemination.

Completed Voluntary Report Form and supporting materials should be sent to the email address vor@civil-aviation.gov.bn . Alternatively, this can be submitted via fax (+673 2345 345) or mailed to:

3rd Floor, Regulatory Division
Department of Civil Aviation
Brunei International Airport
Ministry of Communications

Any further queries in relation to this Direction may be directed to Safety and Security Policy Unit, Regulatory Division at safetysec.regulatory@civil-aviation.gov.bn .

'WARGA EMAS ASET BERHARGA KEPADA MASYARAKAT'

(**MOHAMMAD NAZRI MOHAMMAD YUSOF**)
Acting Director of Civil Aviation
Department of Civil Aviation



Official Stamp

File ref: CAD/76/A
Date: 22 Safar 1440 / 31 October 2018



Department of Civil Aviation

VOLUNTARY REPORT FORM

SECTION 1 : CONTACT DETAILS			
<i>Your personal details are required only to enable us to contact you for further details about any part of your report. Please <u>do not</u> submit anonymous report, as the reporting cannot be validated. A member of Regulatory Division will de-identify (remove names) for protection of reporting persons.</i>			
Name			
Address			
Telephone		E-mail	
<input type="checkbox"/>	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 <i>Please Tick (√)</i>	<input type="checkbox"/>	Pre-Departure	<input type="checkbox"/>
	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
	<input type="checkbox"/>	Take-Off / Climb	Stand / Gate Arrival Others (<i>please specify</i>):
	<input type="checkbox"/>	Descent / Landing	
Contributing Factors <i>Please Tick (√)</i>	<input type="checkbox"/>	People and/or Training	<input type="checkbox"/>
	<input type="checkbox"/>	Business Pressure or Timescale	<input type="checkbox"/>
	<input type="checkbox"/>	Others (<i>please specify</i>):	
	<input type="checkbox"/>		

