

## Department of Civil Aviation VOLUNTARY OCCURRENCE REPORT FORM

SECTION	V 1 : CO	NTAC	CT DETAILS			
Please <u>do 1</u>	<u>not</u> subn	nit ano		ng canr	you for further details about any part of your report. not be validated. A member of Regulatory Division sons.	
Name						
Address						
Telephone				E-ma	ail	
Plea	se tick (	( $\sqrt{\ }$ ) this box if you do not require acknowledgement of a receipt of the report.				
SECTION 2 : ABOUT YOU						
Your Role				Rank	Rank / Position	
Organisation					Fotal 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. o boar	of Cabin Crew on d	
Flight Phase Please Tick $()$			Pre-Departure		Stand / Gate Arrival	
			Taxi		Others (please specify):	
			Take-Off / Climb			
			Descent / Landing			
Contribut Factors			People and/or Training		Process and/or Procedures	
Please Tick $()$			Business Pressure or Timescale		Infrastructure and/or Equipments	
			Others (please specify):			

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.					
SECTION 5 : LESSONS LEARNED					
Describe the lessons learned as a result of the event. Do you have any suggestion to prevent similar event?					

Completed form and supporting materials should be sent via mail or e-mail.

Address: 3<sup>rd</sup> Floor, Regulatory Division

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