

## 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

3<sup>rd</sup> 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'

Official Stamp

(MOHAMMAD NAZRI MOHAMMAD YUSOF)

Acting Director of Civil Aviation Department of Civil Aviation

File ref: Date:

CAD/76/A

**12** Safar 1440 / **1** October 2018



## Department of Civil Aviation VOLUNTARY REPORT FORM

SECTIO	N 1 : CO	NTAC	CT DETAILS					
report. Pl	ease <u>do r</u>	<u>iot</u> sub		e report	ing c	annot be valide	etails about any part of your ated. A member of Regulatory	
Name								
Address								
Telephone					ail			
Ple	ase tick (	$(\sqrt{\ })$ this box if you do not require acknowledgement of a receipt of the report.						
SECTIO	N 2 : AB	OUT	YOU					
Your Rol	e			Rank	: / Pc	osition		
Organisation				Total years at current position				
SECTIO	N 3 : EV	ENT I	DETAILS					
Date of Occurrence				Time	Time of Occurrence			
Aircraft Type				Aircraft Registration				
Flight No.				Route				
No. of PAX on board				No. of Cabin Crew on board		oin Crew on		
Flight Ph	ıase		Pre-Departure		Sta	tand / Gate Arrival Others (please specify):		
Please Ti	ick (√)		Taxi		Oth			
			Take-Off / Climb		<del></del>			
			Descent / Landing					
Contribu Factors	ıting		People and/or Training		Pro	cess and/or P	rocedures	
Please Tick (	ick (√)		Business Pressure or Timescale		Infr	rastructure an	d/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 wi 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.	ill
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, fax or e-mail.

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

Department of Civil Aviation Brunei International Airport Ministry of Communications

E-mail: vor@civil-aviation.gov.bn

Fax: +673 2 345 345