



CIVIL AVIATION AUTHORITY OF MALAYSIA
(PIHAK BERKUASA PENERBANGAN AWAM MALAYSIA)

ATC INCIDENT REPORT

This form is to be completed by the officer conducting the preliminary incident investigation at the ATS Provider concerned. All material secured must be indicated in Part 6 and immediately submitted to Air Navigation Services Standards Division (ANSSD).

1. GENERAL INFORMATION

Reference	<input type="text"/>	Reportee	<input type="text"/>
Date	<input type="text"/>	Time (UTC)	<input type="text"/>
ATS Provider	<input type="text"/>	ATC Position	<input type="text"/>

AIRCRAFT 1

Callsign	<input type="text"/>	Type	<input type="text"/>
Departure	<input type="text"/>	Destination	<input type="text"/>
FL / Altitude	<input type="text"/>	Flight Phase	<input type="text"/>

AIRCRAFT 2

Callsign	<input type="text"/>	Type	<input type="text"/>
Departure	<input type="text"/>	Destination	<input type="text"/>
FL / Altitude	<input type="text"/>	Flight Phase	<input type="text"/>

2. SHORT DESCRIPTION OF OCCURRENCE

3. FACTUAL INFORMATION

4. PRELIMINARY FINDINGS AND CAUSES

5. ACTION TAKEN *(ATCO/pilot/procedures/ navaid, as relevant)*

List immediate action(s) taken after initial investigation to ensure non-recurrence

6. MATERIAL EVIDENCE SECURED *(Please tick and add as necessary)*

<input type="checkbox"/>	Audio (recording)
<input type="checkbox"/>	Radar (video)
<input type="checkbox"/>	Logbook
<input type="checkbox"/>	Controller's report
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<input type="checkbox"/>	NOTAM
<input type="checkbox"/>	UOI
<input type="checkbox"/>	Shift Roster
<input type="checkbox"/>	METAR
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

7. ADDITIONAL INFORMATION (Other info not covered by Parts 1 to 6)

This report is completed by:

Name: _____ Date: _____

Signature: _____

Note:

1. Only signed reports shall be faxed or emailed (scanned copy).
2. Please save large audio/video files in CD and despatch to ANSSD.