

**DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ALL IDENTITIES CONTAINED WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.**

(SPACE BELOW RESERVED FOR DATE/TIME STAMP)

IDENTIFICATION: Please, fill in as much fields as possible.
NO RECORD WILL BE KEPT OF YOUR IDENTITY.

TELEPHONE NUMBERS where we may reach you for further details of this occurrence:

HOME Area No. Hours

WORK Area No. Hours

NAME **TYPE OF EVENT/SITUATION**

ADDRESS/P. O. BOX

DATE OF OCCURRENCE

CITY **STATE** **LOCAL TIME (24 hrs. clock)**

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION OBSERVED.

EXPERIENCE

Describe your qualifications pilot airport staff repairman inspection authority other

OPERATOR

TYPE OF AIRCRAFT

AIRCRAFT ZONE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FACTORS

Location

Date & Time (UTC) of occurrence

Environmental details
 Visibility: good bad
 wind icing snow
 rain other

Component/System/Sub-system involved:

When was problem detected?
 Parked static while aircraft was in service At gate
 Pre-flight Starting Taxi
 In-flight Other

CONSEQUENCES/OUTCOME

<input type="checkbox"/> flight delay	<input type="checkbox"/> gate return	<input type="checkbox"/> aircraft damage	<input type="checkbox"/> improper service
<input type="checkbox"/> flight cancellation	<input type="checkbox"/> in-flight shut down	<input type="checkbox"/> rework	<input type="checkbox"/> air turn back
			<input type="checkbox"/> other

NATURE OF FLIGHT

passenger cargo business training pleasure other

TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE

aircraft series ATA Code
 aircraft zone engine model other

DG CAA has established an Aviation Safety Reporting System to identify issues in the aviation system, which need to be addressed. Your assistance in informing us about such issues is essential to the success of the program. Please, fill out this form as completely as possible and forward it to our Administration. The information you provide on the identity strip will be used by the DGCAA only and if needed you may be contacted for further information.
Thank you for your contribution to aviation safety.

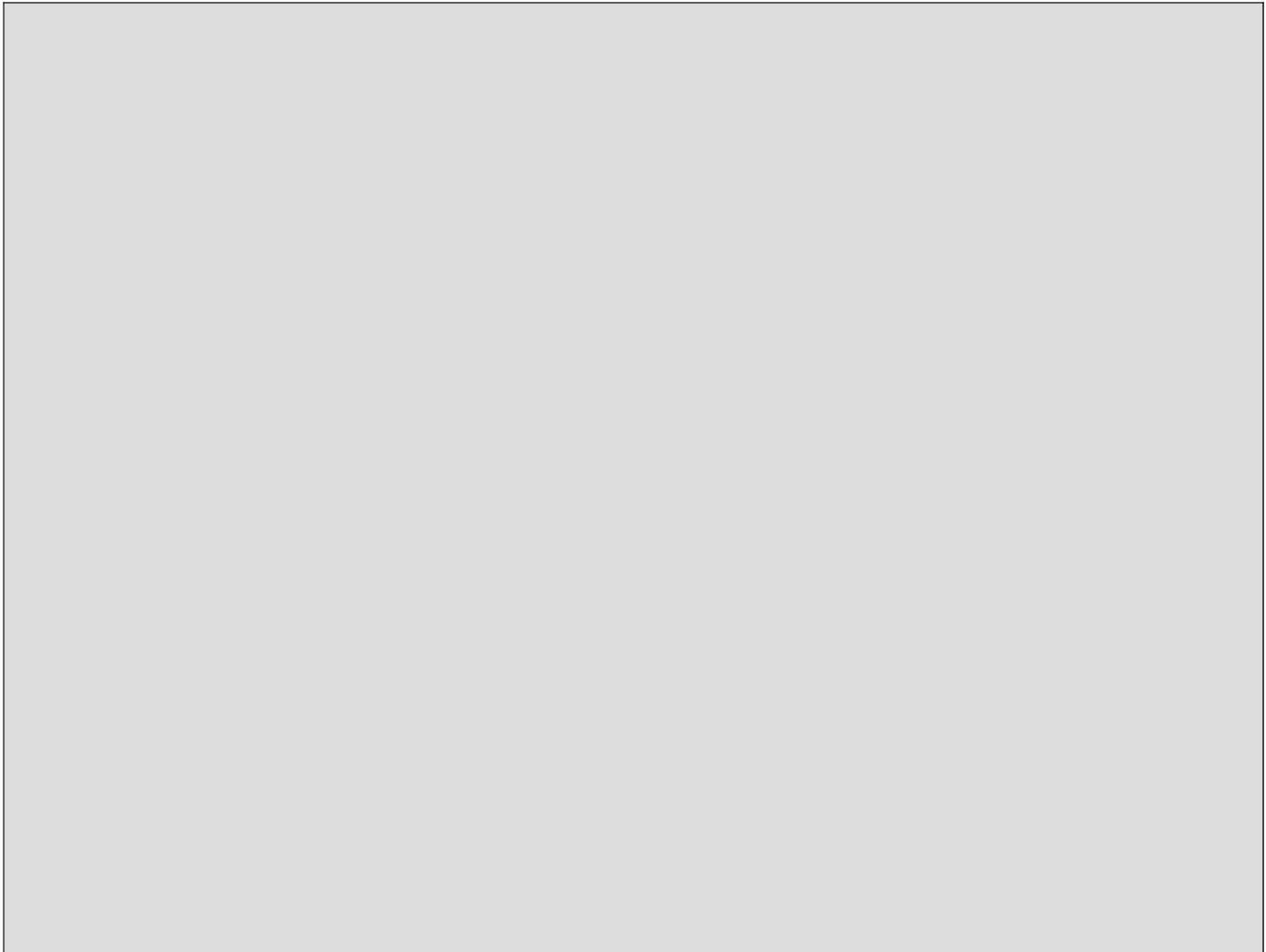
NOTE: AIRCRAFT ACCIDENTS SHOULD NOT BE REPORTED ON THIS FORM.

Please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:

DG CAA - SAFA DEPARTMENT
Sofia 1540, No. 1, Brussels Bld.Sofia Airport,
Fax. No. +3592 948 80 53
E-mail: safabg@caa.bg

DESCRIBE EVENT/SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation. (USE ADDITIONAL PAPER IF NEEDED)



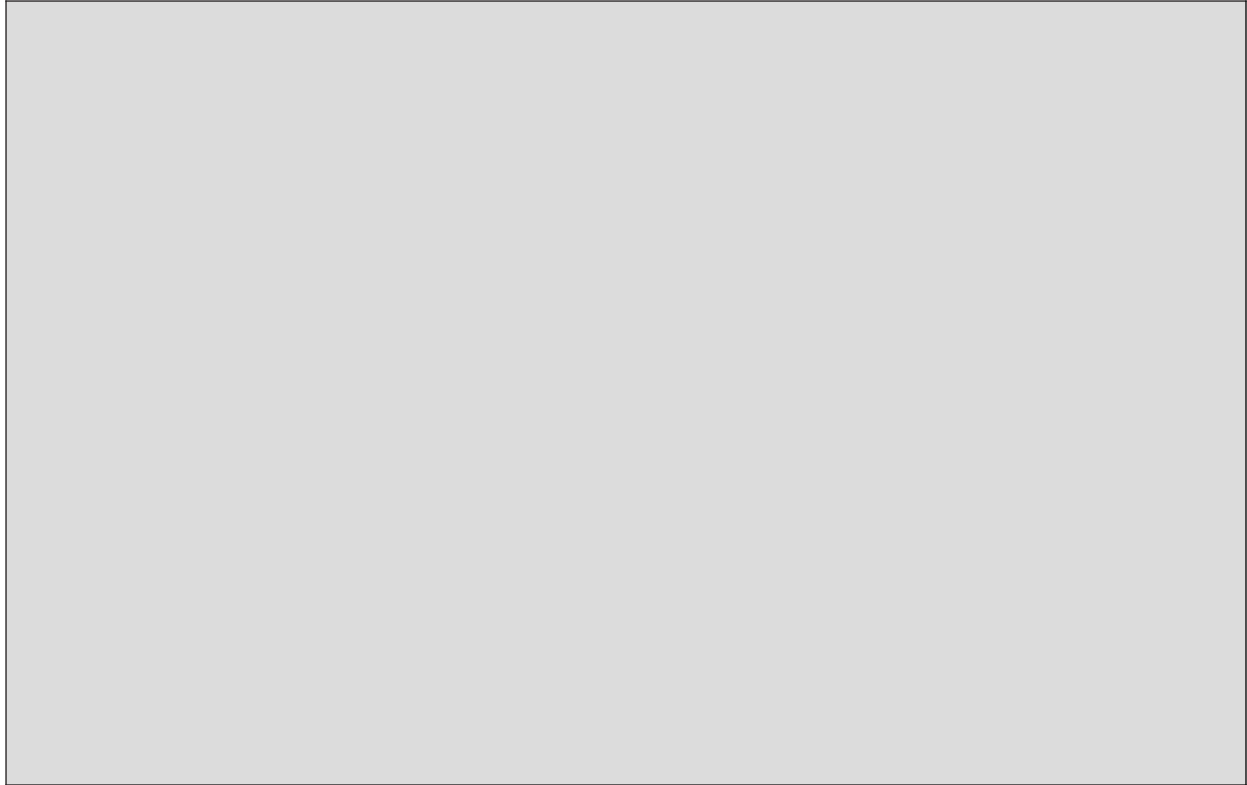
CHAIN OF EVENTS

- How did the problem arise
- How was it discovered
- Contributing factors
- Corrective actions

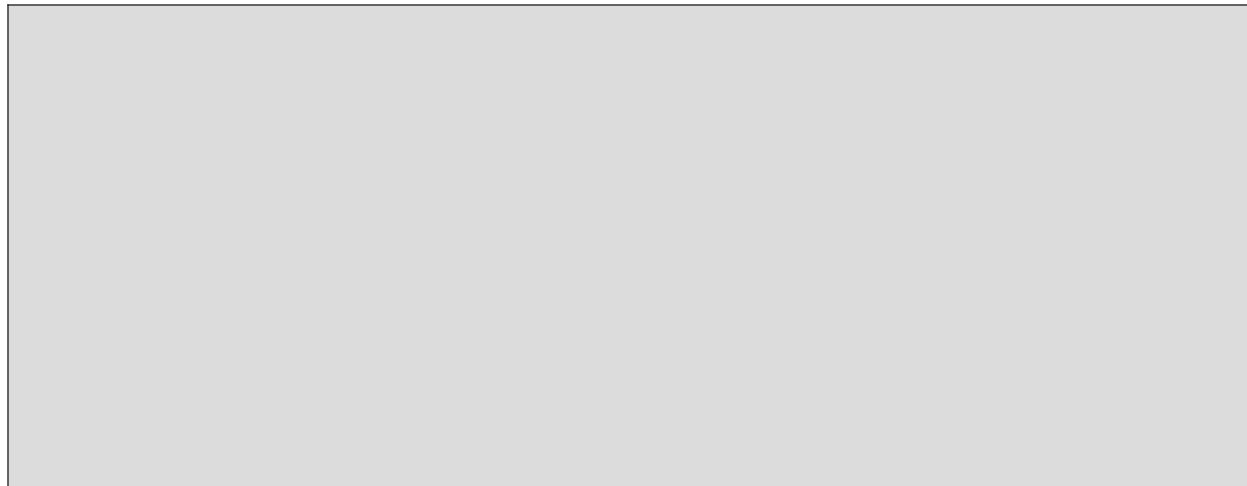
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HUMAN PERFORMANCE CONSIDERATIONS

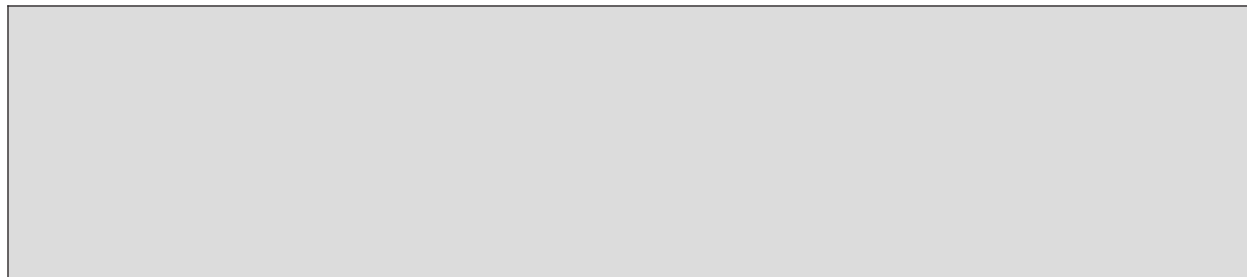
- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance



What in your opinion were the causes of this incident?



How could such an incident be prevented in the future?



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Extra page

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- Factors affecting the quality of human performance