



Voluntary Aviation Safety Reporting System

DO NOT REPORT AIRCRAFT ACCIDENTS AND CRIMINAL ACTIVITIES ON THIS FORM.
ACCIDENTS AND CRIMINAL ACTIVITIES SHALL BE REPORTED I.A.W. THE REQUIREMENTS OF THE CARs!
ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip. (SPACE BELOW RESERVED FOR CASAS DATE/TIME STAMP)
NO RECORD WILL BE KEPT OF YOUR IDENTITY. This section will be returned to you.

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

HOME No. _____ Hours _____

WORK No. _____ Hours _____

NAME _____ TYPE OF EVENT/SITUATION _____

ADDRESS/POBox _____

DATE OF OCCURRENCE _____

CITY _____ COUNTRY _____ LOCAL TIME (24 hr. clock) _____

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

REPORTER

In what type of facility do you work? Tower Approach Center Other _____

Describe your ATC qualifications. FPL Developmental Time certified on position/sector: _____ yrs/mos

What is your ATC experience in years? radar _____ limited radar _____ non-radar _____ military _____ supervisor _____

What was your control position or activity during the occurrence? (Check all that apply for combined position)
 radar local arrival clrc delivery pre-flight supervisor
 hand-off ground departure coordinator in-flight monitor
 radar assoc assistant data manual flight watch other _____

Was instruction a factor? I was instructing I was receiving training yes no

Do you have pilot experience? no yes, _____ hours instrument rated

AIRSPACE

WEATHER LIGHT/VISIBILITY

Class A Special Use Airspace
 Class B Airway/Route _____
 Class G Unknown _____
 Other _____

VMC Ice
 IMC Snow
 Mixed Turbulence
 Marginal Thunderstorm
 Rain Windshear
 Fog _____

Daylight Night
 Dawn Dusk
Ceiling _____ feet
Visibility _____ miles
RVR _____ feet

AIRCRAFT 1

AIRCRAFT 2

Type of Aircraft	(Make/Model) _____	(Make/Model) _____
Operator	<input type="checkbox"/> Air carrier <input type="checkbox"/> Military <input type="checkbox"/> Corporate <input type="checkbox"/> Commuter <input type="checkbox"/> Private <input type="checkbox"/> Other _____	<input type="checkbox"/> Air carrier <input type="checkbox"/> Military <input type="checkbox"/> Corporate <input type="checkbox"/> Commuter <input type="checkbox"/> Private <input type="checkbox"/> Other _____
Mission	<input type="checkbox"/> Passenger <input type="checkbox"/> Training <input type="checkbox"/> Business <input type="checkbox"/> Cargo <input type="checkbox"/> Pleasure <input type="checkbox"/> Unk/Other _____	<input type="checkbox"/> Passenger <input type="checkbox"/> Training <input type="checkbox"/> Business <input type="checkbox"/> Cargo <input type="checkbox"/> Pleasure <input type="checkbox"/> Unk/Other _____
Flight plan	<input type="checkbox"/> VFR <input type="checkbox"/> SVFR <input type="checkbox"/> None <input type="checkbox"/> IFR <input type="checkbox"/> DVFR <input type="checkbox"/> Unknown	<input type="checkbox"/> VFR <input type="checkbox"/> SVFR <input type="checkbox"/> None <input type="checkbox"/> IFR <input type="checkbox"/> DVFR <input type="checkbox"/> Unknown
Flight phases at time of occurrence	<input type="checkbox"/> Taxi <input type="checkbox"/> Cruise <input type="checkbox"/> Landing <input type="checkbox"/> Takeoff <input type="checkbox"/> Descent <input type="checkbox"/> Missed Apch/GAR <input type="checkbox"/> Climb <input type="checkbox"/> Approach <input type="checkbox"/> Other _____	<input type="checkbox"/> Taxi <input type="checkbox"/> Cruise <input type="checkbox"/> Landing <input type="checkbox"/> Takeoff <input type="checkbox"/> Descent <input type="checkbox"/> Missed Apch/GAR <input type="checkbox"/> Climb <input type="checkbox"/> Approach <input type="checkbox"/> Other _____
Control status	<input type="checkbox"/> Visual Apch <input type="checkbox"/> On Vector <input type="checkbox"/> On SID/STAR <input type="checkbox"/> Controlled <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> No radio <input type="checkbox"/> Radar Advisories	<input type="checkbox"/> Visual Apch <input type="checkbox"/> On Vector <input type="checkbox"/> On SID/STAR <input type="checkbox"/> Controlled <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> No Radio <input type="checkbox"/> Radar Advisories

If more than two aircraft were involved, please describe the additional aircraft in the "Describe Event/Situation" section.

LOCATION

CONFLICTS

Altitude _____ MSL AGL
Distance and radial from airport, NAVAID, or other fix _____
Nearest City/State _____

Estimated miss distance in feet: horiz _____ vert _____
Was evasive action taken? Yes No
Was TCAS a factor? Yes No
Did Conflict Alert Activate? Yes No

VOLUNTARY AVIATION SAFETY REPORTING SYSTEM

I.a.w. the requirements of Civil Aviation Regulations of Suriname (CARS) Part 14 the CASAS has established a Voluntary Aviation Safety Reporting System in order to identify issues in the aviation system of our country that need to be addressed. Your assistance in informing us about such issues is essential to the success of this system. Please fill out the form as completely as possible and send it to the attention of the CASAS - VASRS at the CASAS office located at Zorg & Hoop Airfield, Paramaribo, Suriname or e-mail it to VASRS@casas.sr .

The information provided on the identity strip will be used only if it is determined that it is necessary to contact you in order to obtain additional and useful information that may be required to further analyze the issue reported by you. The report will not be utilized to initiate enforcement action for violations of the Civil Aviation Regulations of Suriname.

THANK YOU FOR YOUR CONTRIBUTION TO AVIATION SAFETY

**CASAS – VOLUNTARY AVIATION SAFETY REPORTING SYSTEM
ZORG & HOOP AIRFIELD, POBOX 12587
PARAMARIBO, SURINAME**

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 the problem arose - How it was discovered
- Contributing factors - Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

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

DESCRIBE EVENT/SITUATION, continued...

CHAIN OF EVENTS

- How the problem arose - How it was discovered
- Contributing factors - Corrective actions

Extra page

HUMAN PERFORMANCE CONSIDERATIONS

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