



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.

(SPACE BELOW RESERVED FOR CASAS DATE/TIME STAMP)

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.

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 _____

ADDRESS/POBOX _____

CITY _____ COUNTRY _____

TYPE OF EVENT/SITUATION _____

DATE OF OCCURRENCE _____

LOCAL TIME (24 hr. clock) _____

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

| REPORTER | FLYING TIME | CERTIFICATES/RATINGS | ATC EXPERIENCE |
|---|-------------------------|--------------------------------------|---|
| <input type="checkbox"/> Captain | total _____ hrs. | <input type="checkbox"/> student | <input type="checkbox"/> FPL <input type="checkbox"/> Developmental |
| <input type="checkbox"/> First Officer | | <input type="checkbox"/> commercial | radar _____ yrs. |
| <input type="checkbox"/> pilot flying | last 90 days _____ hrs. | <input type="checkbox"/> instrument | non-radar _____ yrs. |
| <input type="checkbox"/> pilot not flying | | <input type="checkbox"/> multiengine | supervisory _____ yrs. |
| <input type="checkbox"/> Other Crewmember | | <input type="checkbox"/> _____ | military _____ yrs. |
| <input type="checkbox"/> Flt Ops Off. (FOO) | time in type _____ hrs. | | |

| AIRSPACE | WEATHER | LIGHT/VISIBILITY | ATC/ADVISORY SERV. |
|----------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Class A | <input type="checkbox"/> VMC | <input type="checkbox"/> daylight | <input type="checkbox"/> local |
| <input type="checkbox"/> Class B | <input type="checkbox"/> IMC | <input type="checkbox"/> dawn | <input type="checkbox"/> center |
| <input type="checkbox"/> Class C | <input type="checkbox"/> mixed | <input type="checkbox"/> night | <input type="checkbox"/> ground |
| <input type="checkbox"/> Class D | <input type="checkbox"/> marginal | <input type="checkbox"/> dusk | <input type="checkbox"/> FSS |
| <input type="checkbox"/> Class E | <input type="checkbox"/> rain | ceiling _____ feet | <input type="checkbox"/> apch |
| <input type="checkbox"/> Class G | <input type="checkbox"/> fog | visibility _____ miles | <input type="checkbox"/> UNICOM |
| | | RVR _____ feet | <input type="checkbox"/> dep |
| | | | Name of ATC Facility: _____ |

| AIRCRAFT 1 | | | AIRCRAFT 2 | | |
|-------------------------------------|--|--|--|--|--|
| Type of Aircraft (Make/Model) | (Your Aircraft) _____ | <input type="checkbox"/> EFIS <input type="checkbox"/> FMS/FMC | (Other Aircraft) _____ | <input type="checkbox"/> EFIS <input type="checkbox"/> FMS/FMC | |
| Operator | <input type="checkbox"/> air carrier <input type="checkbox"/> commuter | <input type="checkbox"/> military <input type="checkbox"/> private <input type="checkbox"/> corporate <input type="checkbox"/> other _____ | <input type="checkbox"/> air carrier <input type="checkbox"/> commuter | <input type="checkbox"/> military <input type="checkbox"/> private <input type="checkbox"/> corporate <input type="checkbox"/> other _____ | |
| Mission | <input type="checkbox"/> passenger <input type="checkbox"/> cargo | <input type="checkbox"/> training <input type="checkbox"/> pleasure <input type="checkbox"/> business <input type="checkbox"/> unk/other _____ | <input type="checkbox"/> passenger <input type="checkbox"/> cargo | <input type="checkbox"/> training <input type="checkbox"/> pleasure <input type="checkbox"/> business <input type="checkbox"/> unk/other _____ | |
| Flight plan | <input type="checkbox"/> VFR <input type="checkbox"/> IFR | <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR <input type="checkbox"/> none <input type="checkbox"/> unknown | <input type="checkbox"/> VFR <input type="checkbox"/> IFR | <input type="checkbox"/> SVFR <input type="checkbox"/> DVFR <input type="checkbox"/> none <input type="checkbox"/> unknown | |
| Flight phases at time of occurrence | <input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb | <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach <input type="checkbox"/> landing <input type="checkbox"/> missed apch/GAR <input type="checkbox"/> other _____ | <input type="checkbox"/> taxi <input type="checkbox"/> takeoff <input type="checkbox"/> climb | <input type="checkbox"/> cruise <input type="checkbox"/> descent <input type="checkbox"/> approach <input type="checkbox"/> landing <input type="checkbox"/> missed apch/GAR <input type="checkbox"/> other _____ | |
| Control status | <input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio | <input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories <input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown | <input type="checkbox"/> visual apch <input type="checkbox"/> controlled <input type="checkbox"/> no radio | <input type="checkbox"/> on vector <input type="checkbox"/> none <input type="checkbox"/> radar advisories <input type="checkbox"/> on SID/STAR <input type="checkbox"/> unknown | |

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

| LOCATION | CONFLICTS |
|--|--|
| Altitude _____ <input type="checkbox"/> MSL <input type="checkbox"/> AGL | Estimated miss distance in feet: horiz _____ vert _____ |
| Distance and radial from airport, NAVAID, or other fix _____ | Was evasive action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nearest City/State _____ | Was TCAS a factor? <input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> No |
| | Did GPWS activate? <input type="checkbox"/> Yes <input type="checkbox"/> No |

VOLUNATRY 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, 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...

Extra page

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
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HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
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