

سازمان هواپیمایی کشوری معاونت استاندارد پرواز

روش اجرایی سامانه گزارش دهی داوطلبانه

**Voluntary Reporting System** 

شماره سند: FS-CAD-6213-01

كدبازنگرى: ٠١

تاریخ بازنگری:۸۹/۸/۲۹

تاریخ صدور اولیه: مهر ۱۳۸۹

# جدول بازنگری و اصلاحات

جدول تصحيحات			
امضاء	تاريخ انجام	تاريخ تصحيح	ردیف

جدول بازنگری			
امضاء	تاريخ انجام	تاریخ بازنگری	ردیف
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# ليست صفحات موثر:

کد بازنگری	تاریخ بازنگری	تاريخ صدور اوليه	شماره صفحه
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#### Foreword

The purpose of this publication is to describe the CAO Voluntary Occurrence Reporting (VOR) Scheme and to provide guidance to those who are interested to participate in Aviation Safety Enhancement (ASE) program.

CAD 6213 has been issued to incorporate the requirements of ICAO, Annex13 to establish an incident voluntary reporting system.

Reporting via this Scheme is voluntary & confidential and based on regulation (ICAR113) reported information wouldn't use against reporter and CAO affords protection to the sources of information.

The CAO will welcome any comment and suggestion for the improvement of both the Scheme and this publication. Such comments should be addressed to the vice president of CAO in flight standard at the address below.

## **Channels of Reporting**

Completed Occurrence Report Forms are to be sent to the vice president of civil aviation in flight standard, Civil Aviation Organization, Mehrabad international airport, Tehran, Iran.

In some cases, particularly overseas, the use of email, fax may be necessary to minimize delays in the transmission of occurrence information.

Email: aig@cao.ir

Fax: 0098-21-66036552

When an Occurrence Report Form is not available, the relevant information may be passed in letter form. Should additional information be required, the CAO may send a standard Occurrence Report Form to the person initiating the report for completion.

Filled occurrence report form should be passed on as quickly as possible, preferably by email or fax.

#### **During normal working hours:**

Vice president of civil aviation in flight standard, Fax: 0098-21-66036552

Email: aig@cao.ir Tel: 0098-21-61022119

### **Outside normal working hours:**

On Duty Safety Inspection Unit (OSIU), Fax 0098-21-66036847, Tel: 0098-21-61023210

## Aircraft Accident/ Incident / Hazard Voluntary Report Form

Provide as much details as possible immediately. The purpose of this form is to collect the voluntary information pertaining to the accident/incident for CAO to act immediately for the investigation and review the causes.

Completed form should be submitted at the earliest possible to: vice president of civil Aviation in flight standard, Civil Aviation Organization, Mehrabad international airport, Tehran, Iran.

Fax: +98-21-66018659, Tel: +98-21-61023210, E-mail: aig@cao.ir

Accident / incident/hazard details:
Accident / incident/hazard details:
Date of Accident / incident/hazard Time: UTC Local Location
Last departure pt. Intended destination Actual point of landing (if different)
ATS route Heading
Number of person onboard:
Total crew onboard no injuries Minor injuries Serious injuries Fatalities
Total Pax onboard no injuries Minor injuries Serious injuries Fatalities
No. of persons injured on ground
Other company employees onboard (specify duties)
Aircraft damage:
Destroyed Substantial Minor Nil Damage description
Effect on flight:
None Rejected T/O Precautionary landing Engine/s shut down Other
اریخ صدور اولیه: مهر ۱۳۸۹ تاریخ بازنگری: ۸۹/۸/۲۹ کدبازنگری: ۰۱

Weather conditions:			
	Duna din 14 a 41 a m	1 (4 4 0 1	a) Tames (:)
Wind speed Visibility I	Precipitation Clou	d (type,amount&bas	e) Temp (ċ)
Cloud top cloud base	QNH QFE	Rain	Icing
		Drizzle/Light/Moderate/Heav	
<b>Phase of flight:</b>			
Parked Push back		•	_
Lift off Climb C	ruse Descent	Approach Circu	it Touch down
Taxi in L/roll			
كدبازنگرى: ٠١	ری:۸۹/۸/۲۹	تاریخ بازنگر	اریخ صدور اولیه: مهر ۱۳۸۹

Airspace designation		vay state  Ice/Snow/Slush		
Types of operation:				
Passenger fre	$\supset$ (	) (	rest	Training
Wilde life strike:				
Was a bird or anima	l involved: 1	No. of birds	Small/Medium/l	Species Large
Description of accident		O, attach additiona	al paper if required).	
Include your suggestion	ns to how this t	ype of occurr	rence could be	prevented.
(Attach additional paper if requir	red).			
Signature			Date	