Samgöngustofa
ICELANDIC TRANSPORT AUTHORITY

Air Traffic Safety Report

GST40
Dags: 07.05.14
Útg: 3.0

CONFIDENTIAL (WHEN FILLED) (ICETRA ONLY)	TO BE FORWARDED WITHIN 72 HOURS TO: ICETRA, P.O.BOX 470, 202 KOPAVOGUR, ICELAND. EMAIL: mandatory.reporting@icetra.is	*Information on how to fill out this report is available at www.icetra.is*

FILL IN AS MANY BOXES (1 TO 19) AS POSSIBLE

1. DATE / TIME OF OCCURRENCE					2. REVIEWED & LOGGED BY	3. GEOGRAPHICAL LOCATION OF OCCURRENCE
YY	MM	DD	HH	MM		

4. AIRCRAFT INVOLVED

Operator	Call sign and / or registration	Type	ADEP	ADES	FL, altitude or height		SSR Code	Mode C		Relevant route segment	Flight Rules
					Actual	Cleared					
								☐ YES	☐ NO		☐ IFR ☐ VFR ☐ Spec.
								☐ YES	☐ NO		☐ IFR ☐ VFR ☐ Spec.

5. ESTIMATED VERTICAL AND HORIZONTAL DISTANCE	6. CLASS OF ATS AIRSPACE	7. TYPE OF AIR TRAFFIC SERVICE
VERTICAL DISTANCE (ft): _____ HORIZONTAL DISTANCE (NM/km/hours): _____	☐ A ☐ B ☐ C ☐ D ☐ E ☐ G	

8. FTPS CWS / IOT used: _____ ICCS number: _____ RTF frequency / communication equipment: _____ Radar or Surveillance equipment used: _____	9. Automated Warning Systems ☐ Ground-based ☐ Airborne

10. Traffic information given	11. Have you reviewed relevant RTF and / or surveillance recordings?	12. Was Weather Considered Relevant? (*If YES, include details in Box 13*)
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

13. DESCRIPTION OF THE EVENT

Description of occurrence with diagram, if necessary; Causes and factors believed relevant to the occurrence; Suggested changes and improvements, if appropriate.

NOTE! Additional reports may be required, e.g. Gross nav., Altitude deviation etc.

14. ASSESSMENT OF WORKLOAD	15. TIME SINCE LAST BREAK	16. START TIME OF SHIFT IN UTC:	17. NAME OF ATS UNIT / SECTOR
☐ (VERY) ☐ HEAVY ☐ MEDIUM ☐ LIGHT			

18. ON DUTY AS:	19. YOUR INITIALS, SIGNATURE AND DATE
	Initials Date