

<b>CONFIDENTIAL</b> (WHEN FILLED) (ICETRA ONLY)	<b>TO BE FORWARDED WITHIN 72 HOURS TO:</b> ICETRA, P.O.BOX 470, 202 KOPAVOGUR, ICELAND. EMAIL: <a href="mailto:mandatory.reporting@icetra.is">mandatory.reporting@icetra.is</a>	<i>Information on how to fill out this report is available at <a href="http://www.icetra.is">www.icetra.is</a></i>

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		
								<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> Spec.
								<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> IFR <input type="checkbox"/> VFR <input type="checkbox"/> Spec.
5. ESTIMATED VERTICAL AND HORIZONTAL DISTANCE				6. CLASS OF ATS AIRSPACE			7. TYPE OF AIR TRAFFIC SERVICE				
VERTICAL DISTANCE (ft): _____				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> G							
HORIZONTAL DISTANCE (NM/km/hours): _____											
8. FTFS CWS / IOT used: _____ ICCS number: _____						9. Automated Warning Systems					
RTF frequency / communication equipment: _____						<input type="checkbox"/> Ground-based <input type="checkbox"/> Airborne					
Radar or Surveillance equipment used: _____											
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)				
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> 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
<input type="checkbox"/> (VERY) <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> LIGHT				
18. ON DUTY AS:		19. YOUR INITIALS, SIGNATURE AND DATE		
		Initials		Date