

ATM Occurrence Safety Report

ATM Centre/Unit Name: _____ **Sector:** _____

Event Date and Time (UTC):					Place/area of the event: N: E:
day	month	year	hour	minute	

Number of A/C related to the event

Operator	Callsign	Type	SSR code	FL/altitude		Route from COP	Flight rules	ADEP
	Registration			Actual	Cleared	to COP		ADES
							IFR	
							VFR	
							SVFR	
							IFR	
							VFR	
							SVFR	

Working frequency: _____MHz	Airspace class: <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G Type of service: <input type="checkbox"/> ATC <input type="checkbox"/> FIS <input type="checkbox"/> SAR
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Vertical separation (ft/meters): _____	Horizontal separation (NM/km/min): _____
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Safety Nets Alarm: STCA ACAS GPW

Traffic information reported: Yes No

Significant meteorological phenomena : Yes No (if Yes, please explain below)

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Number of A/C in the area: below 5 from 6 to 10 from 11 to 15 above 15

Event description: (Event description includes data giving details about the circumstances at the moment of realization, probable causes and related factors, others.
If necessary please use schemes, diagrams, tables etc.

Position of reporting person (option):

Date:

Other Information:

You could submit anonymous information about an aviation occurrence such as: accident, serious incident and incident.

Please note that the information you submit will be at the disposal of the Bulgarian Air Traffic Services Authority only and will be used only for the purpose of promoting the air safety.