**INITIAL REPORT SECTION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Type* |  | *Name* |  |  *Approval number* |
| Organisme notifiant |   |  |  |  |  |  |
|  |
|  | *Accountable manager name* |  | *Phone number* |  |  *E-mail* |
| Contact |  |  |  |  |  |  |
|  |
|  | [ ]  | ANACIM[1] | [ ]  | Operator | [ ]  | State of the operator |
|  |
| Compte-rendu envoyé à | [ ]  | BEA[2] | [ ]  | Aircraft owner | [ ]  | Continuing airworthiness organisation |
|  |
|  | [ ]  | Manufacturer | [ ]  | State of registry | [ ]  | Maintenance organisation |
|  |
|  |
|  |
| Titre de l’évènement |  |  |
|  |
|  | Date (jj/mm/aaaa) |  | / |  | / |  |  | UTC hour (hh : mm) |  | : |  |  |
|  |
| Aircraft |  |  |  |
|  | Aircraft type |  |  | Registration |  |  |
|  |  |  |
|  | Operator |  |  | S/N |  |  |
|  |  |  |
|  | TSN |  |  | CSN |  |  |
|  |  |  |
|  |
|  |  |
| Equipment Part |  | Manufacturer |  |  | Type |  |  |
|  |  |  |  |  |  |  |
| P/N |  |  | S/N |  |  |
|  |  |  |  |  |  |  |
| TSN  |  |  | CSN |  |  |
|  |  |  |  |  |  |  |
| TSO |  |  | CSO |  |  |
|  |  |
|  |
| **Instructions :** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | 1. | The section «Initial report » must be filled in the most precise manner by the reporting agent based on available information. |
|  |  |  |  |  |  |  |  |  |
|  | 2. | In case of accident or serious incident, a copy of this report must be sent to BEA without delay [ 2]. |
|  |  |  |  |  |  |  |  |  |
|  | 3. | The three pages of this form are inseparable and they must be sent at the initial report at the analysis report. |
|  |  |  |  |  |  |  |  |  |
|  | 4. | At the analysis report, the missing information of the section « Initial report » may be added, if necessary.  |
|  |  |  |  |  |  |  |  |  |
|  | 5. | In any case, once the analysis completed, the operator must send back this updated form. The field « Occurrence status » must then be closed (Brief or detailed analysis, as appropriate). |
|  |  |  |  |  |  |  |  |  |
|  | [1] | notifications@anacim.sn ou securitedesvols@anacim.sn |
|  | [2] | notifications@bea.sn ou bea@bea.sn |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**INITIAL REPORT SECTION**

|  |
| --- |
| **Description of the occurrence and its context** |
|  |  |  |
|  |  |  |

**ANALYSIS SECTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Occurrence class :** | [ ]  | Incident | [ ]  | Serious incident | [ ]  | Accident |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Occurrence status :** | [ ]  | Open, analysis in progress | [ ]  | Closed with detailed analysis\* | [ ]  | Closed with brief analysis  |
| *\*If the analysis contains non textual information (ex : photos), join the documents to this form during the report of the analysis* |

|  |
| --- |
| **Results of the analysis and taken actions** |
| *Following the analysis of the occurrence, describe the causes of the occurrence and the taken actions, if applicable, to reduce or suppress the risk.* |
|  |