

**Gama Aviation LLC OCCURRENCE REPORT – send this completed form to [safety@gamaaviation.com](mailto:safety@gamaaviation.com)**

<b>Flight#</b>	<b>Date (UTC)</b>	<b>N#</b>	<b>Orig</b>	<b>Dest</b>	<b>Divert APT</b>	<b>Name - Optional</b>	
<b>Location (fix)</b>	<b>Altitude</b>	<b>OUT</b>	<b>OFF</b>	<b>ON</b>	<b>IN</b>	<b>TOW</b>	<b>LW</b>
<b>Phase of Flight</b>	<input type="checkbox"/> Taxi out <input type="checkbox"/> Takeoff <input type="checkbox"/> Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/> Taxi in <input type="checkbox"/> Parked			<b>Time (UTC)</b>	<b>IAS/Mach</b>		<b>Heading</b>
<b>Weather</b>	<b>CLD</b>	<b>VIS</b>	<b>Temp</b>	<b>Dew</b>	<b>SAT</b>	<b>Wind</b>	<b>PIC</b> <b>SIC</b> <b>Customer</b> <b>Lead Pax</b>
<input type="checkbox"/> Declared emergency <input type="checkbox"/> Emergency equipment request <input checked="" type="checkbox"/> Incident / Accident / Property damage <input checked="" type="checkbox"/> Contact w/object during taxi Non Safety Incident <input type="checkbox"/> Non Safety Incident <input type="checkbox"/> Damage caused by outside agency <input checked="" type="checkbox"/> Engine failure / shutdown <input checked="" type="checkbox"/> Fire/smoke/fumes <input checked="" type="checkbox"/> Medical Emergency / Ill or injured employee or pax <input type="checkbox"/> Passenger misconduct <input type="checkbox"/> Hazardous WX <input type="checkbox"/> Lightning strike <input type="checkbox"/> Volcanic activity <input type="checkbox"/> Cabin pressure loss <input type="checkbox"/> NAV/COM failure <input type="checkbox"/> NAV error <input type="checkbox"/> Deviation from FAR's or ATC clearance <input checked="" type="checkbox"/> Systems failure <input type="checkbox"/> High speed abort _____ kts <input type="checkbox"/> Birdstrike / ingestion *FAA Form 5200-7 Wildlife Strike Report required <input type="checkbox"/> Bomb threat <input type="checkbox"/> Overweight/hard landing <input type="checkbox"/> Unscheduled landing/divert <input checked="" type="checkbox"/> Near miss/mid-air collision <input checked="" type="checkbox"/> Pax evacuation <input type="checkbox"/> Other			<b>PIC NARRATIVE OF INCIDENT</b> State nature of incident-flight cancellation, rerouting, unusual departure/arrival delay, passenger inconvenience or other. State cause of incident, mechanical, weather, atc, crew, scheduling or other. When an engine fails and the PIC doesn't land at the nearest suitable airport he must state why.				
<b>CABIN PRESSURE LOSS</b> MAX Cabin Altitude _____							
Masks deployed Yes <input type="checkbox"/> or No <input type="checkbox"/> AUTO <input type="checkbox"/> MAN <input type="checkbox"/>							
CVR removed? Yes <input type="checkbox"/> or No <input type="checkbox"/>							
Items with <input checked="" type="checkbox"/> may require immediate NTSB notification, see reverse			<b>ASAP Requested?</b> Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Continued on Page 2		
Reporter requests ASAP implementation Yes <input type="checkbox"/> or No <input type="checkbox"/>			Reporter's Signature: (Optional)			CA Required - Yes <input type="checkbox"/> or No <input type="checkbox"/> Signature:	
Information copies sent to the following:			<input type="checkbox"/> Accountable Executive <input type="checkbox"/> Chief of Security		<input type="checkbox"/> Dir. Of Ops		
			<input type="checkbox"/> Dir. Maintenance <input type="checkbox"/> Chief Inspector <input type="checkbox"/> Chief Pilot		<input type="checkbox"/> Dir. Safety <input type="checkbox"/> Dir Quality Assurance		
			<input type="checkbox"/> PIC <input type="checkbox"/> Reporter		<input type="checkbox"/> Dir. Training		
Highlighted blocks reserved for Safety Dept use SM-01(side A)							

