



ASR No.

Air Safety Report

This report should be filled in as accurately and with as much detail as possible. Once the form has been completed, submit it to the ASR depository box opposite the aircraft documents.

	Fill in or delete as appropriate
Date and time of occurrence	/ / :
Aircraft Registration	
Location <i>(As specific as possible)</i>	
Name <i>(Leave blank for anonymous)</i>	
Licence <i>(Your licence held)</i>	Student/PPL/CPL/CRI/FI/Other:
Weather <i>(If applicable)</i>	VFR/IFR Wind: _____ Knots from ____° Visibility: _____ Km Cloud: CAVOK/FEW/SCT/BKN/OVC @ _____ Ft Other significant Wx:
Event and Cause: <i>(Attach another sheet if necessary)</i>	
Suggested solutions:	