

CIVIL AVIATION SECURITY INCIDENT REPORT FORM



Address: 18/F, Cheng Feng Commercial Centre, 336-342, Alameda Dr. Carlos D'Assumpção, Macao	Tel: (853) 2851 1213 Fax: (853) 2833 8089 E-mail: security@aacm.gov.mo	Official use only <hr/> Date received <hr/> Incident No.
---	--	--

Note: Information provided in this report is restricted, only authorized person can access this report, if disseminating of this report is necessary, all sensitive information may be deidentified

1. General Information				
Date of Incident occurred: [dd/mm/yyyy]:	Name of Operator:	Location of Incident occurred (local time 24 hours):		
Date of report [dd/mm/yyyy]:				
2. Type of Security Incident (Please choose the types of incident from the list below. For incident that has the similar nature of the types listed below, please choose "other").				
<input type="checkbox"/>	An act of unlawful interference or a threat of an act of unlawful interference. Nature: _____			
<input type="checkbox"/>	Unlawful, Unruly or disorderly behavior of a passenger, a person other than passenger or a member of public where such behavior is to jeopardize the safety of the aerodrome, aircraft, air traffic services, vulnerable point facilities and/or person.			
<input type="checkbox"/>	Any failure of implementing security procedures or failure of security equipment which lead to an incident endangering the aerodrome, aircraft, air traffic services or vulnerable point facilities; or its occupants or any other person, or causing disruption to normal operation of civil aviation.			
<input type="checkbox"/>	Other (Please specify)			
3. Flight Information (if applicable)				
Aircraft Type:	Flight Number:	Aircraft Registration:		
Place of departure:	Place of arrival:	Intended destination:		
Incident took place:				
<input type="checkbox"/> On ground <input type="checkbox"/> In flight				
4. Injuries to persons/Casualties, please complete the table in numbers (if any)				
Injuries	Passengers	Crew	Perpetrators	Others
Fatal				
Serious				
Minor				

5. Incident Description

Details of the Incident

[Please attach additional pages if required]

Action/ Outcome [if applicable]

[Please attach additional pages if required]

Position:

Print name:

Signature: