



## REPORT OF NON-COMPLIANCE OF SCHEME OF WORKING HOURS OF AIR TRAFFIC CONTROLLERS

| 1. DUTY CONTROLLER DETAILS                        |                         |
|---|-------------------------|
| Controller name:                                  | Shift:                  |
| On duty as  | Working Position(s):    |
| Start time of shift:                              | Actual finish of shift: |
| Breach details – AC/ATS/001 reference(s):         |                         |
| NARRATIVE (Give additional relevant information): |                         |
| Date and Sign:                                    |                         |

| 2. ATC SUPERVISOR REPORT                         |                |
|--|----------------|
| NARRATIVE (Give reasons for the non-compliance): |                |
| Name of ATC Supervisor:                          | Date and Sign: |

| 3. MANAGEMENT ACTION                               |                |
|--|----------------|
| NARRATIVE (Give details for the follow-up action): |                |
| Name of Manager and Title:                         | Date and Sign: |

| 4. SUBMISSION INSTRUCTIONS   |  |
|--|--|
| After completion please submit to the AACM within 24 hours of the non-compliance occurred. |  |