



Emergency Flight Notification and Report

Required under CAR

The pilot-in-command, or the operator of an aircraft, must complete this form to report a breach of the Civil Aviation Act, or a CAR.

The operator must notify the CAA as soon as practicable.

Email this form to report@mcaa.gov.mn or post to SRD, Civil Aviation Authority, P.O-34, Box-6, Ulaanbaatar 17120, or fax: +976 70049825.

Operational Details

Date of event	Click here to enter a date.	Time		ULAT	<input type="checkbox"/>	UTC	<input type="checkbox"/>
Departure point	Intended destination point						
Actual destination (if differs from intended)							
Operator				Client ID (if known)			
POB				Aircraft registration	-		
Tasking agency (if applicable)				Flight No. / Call sign			

Nature of Emergency

This was an emergency that arose in flight OR	<input type="checkbox"/>
This was an emergency that necessitated the urgent transportation of persons or medical or other supplies for the protection of life or property	<input type="checkbox"/>

Description of Flight and Event

State the Act provision(s) and/or CAR(s) breached	
Describe the circumstances of the breach – what happened?	

Justification of the Breach

Detail of extent of the breach necessary to deal with the emergency including but not limited to:

- the duration of the necessary action, eg, time flown below minima;
- the location/flight path involved
- any other risk assessment processes or details to support your decision.

Include details of any other relevant factors: weather; availability of alternative means of transport; availability of alternative landing area(s); etc

If the flight was an emergency medical service or air ambulance service operation, provide details of specific direction from a paramedic or attending medical professional (on-site or retrieval team member) regarding the severity of the patient(s) condition and urgency of transport to hospital. Please name the medical professional or crew. DO NOT name the patient(s). Attach separate pages if necessary.

Declaration of Pilot in Command

I declare that to the best of my knowledge and belief the statements made and information supplied in this report are complete and accurate.

Name	<input type="text"/>	Licence number	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>

Notification to other Agencies

Have other agencies been advised of this event?

Air traffic control service	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	<input type="text"/>
National Ambulance Centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	<input type="text"/>
District Health Centre	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date	<input type="text"/>
If yes, specify which District Health Centre notified				
Other (specify)	<input type="text"/>	Date	<input type="text"/>	

Submitter's Details

Name	<input type="text"/>	Client ID (if known)	<input type="text"/>	Date	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>		
Submitter's involvement in the flight	<input type="checkbox"/> PIC	<input type="checkbox"/> Other (specify):			
Attachments:	Sketches <input type="checkbox"/>	Reports <input type="checkbox"/>	Photographs <input type="checkbox"/>	Other (specify):	
Submitter's investigation	Open <input type="checkbox"/>	OR	Closed <input type="checkbox"/>	Submitter's reference number	<input type="text"/>