



CIVIL AVIATION PUBLICATION

GEN 04

VOLUNTARY REPORTING

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GEN 04

VOLUNTARY REPORTING PROGRAMME

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INTRODUCTION

1.1 General

In accordance with CAR SMS, the CAA-B has established a voluntary reporting system. The system is called the Voluntary Reporting Programme (VRP).

Incident reporting programmes have proved to be valuable tools in the identification of safety related issues and the definition of corrective actions. In those specific incidents involving human error, the availability of an independent, voluntary and confidential reporting medium has provided valuable additional information to that available through the formal or mandatory reporting systems.

The CAA-B Voluntary Reporting Programme is an independent confidential reporting programme for those employed in the civil aviation industry to report safety related incidents and events.

1.2 Objective

The key objective of the voluntary and confidential reporting system is to enhance the safety of aviation activities through the collection of reports on actual or potential safety deficiencies that would otherwise not be reported through other channels. Such reports may involve occurrences, hazards or threats relevant to the safety of our aviation activities. This system does not eliminate the need for formal reporting of accidents and incidents, as well as the submission of mandatory occurrence reports to the CAA-B.

It provides a channel for the voluntary reporting of aviation occurrences or hazards relevant to our organization's aviation activities, while protecting the reporter's identity.

1.3 Voluntary Reporting Programme (VRP)

Although accident/incident rates in commercial air transport operations have reduced to an extremely low level, the number of accidents with Human Factors causes has not declined at the same rate and thus are now the dominant cause in major accidents. VRP is a voluntary confidential reporting scheme for aviation and it allows any person who has an aviation safety concern to report it to the CAA-B confidentially. Protection of the reporter's identity is a primary element of the scheme.

Noteworthy features of VRP include:

- (a) Independence;
- (b) Broad availability (including flight crew members, Air Traffic Controllers, licensed aircraft maintenance engineers, cabin crew, aerodrome operators and the general aviation community);
- (c) Confidentiality of reporters' identities;
- (d) Analysis by experienced safety officers;

- (e) Newsletters with broad distribution to improve safety standards by sharing safety information.

2. PROGRAMME OVERVIEW

2.1 What may be reported under the VRP?

Any matter may be reported if it endangers, or could endanger the safety of an aircraft. These matters are reportable safety concerns in the following areas;

- (a) flight operations;
- (b) hangar aircraft maintenance;
- (c) workshop component maintenance;
- (d) technical fleet management;
- (e) inventory technical management;
- (f) engineering planning;
- (g) technical services;
- (h) technical records;
- (i) line maintenance;
- (j) ground operations, including those involved with aviation security; and
- (k) passengers regarding movements through and airport including security arrangements.

2.2 Who may make a VRP report?

Generally, a VRP report may be made by anyone who observes or becomes aware of a reportable safety concern. Specifically, flight crew members, Air Traffic Controllers, licensed engineers, approved maintenance organisations, cabin crew members, aerodrome operators, flight dispatchers can report events that they feel have a bearing on safety.

If you belong to any aviation operational areas or departments, you can contribute to aviation safety enhancement through VRP by reporting on occurrences, hazards or threats relevant to your organization's aviation activities:

2.3 How are VRP reports processed?

VRP pays particular attention to the need to protect the reporter's identity when processing all reports. Every report will be read and validated by the CAA-B Safety Officer, or if a security issue, by the Director AVSEC/FAL.

The CAA-B Safety Officer may contact the reporter to make sure he/she understands the nature and circumstances of the occurrence/hazard reported and/or to obtain the necessary additional information and clarification.

When the CAA-B Safety Officer is satisfied that the information obtained is complete and coherent, he/she will de-identify the information and enter the data into the CAA-B database. Should there be a need to seek input from any third party, only the de-identified data will be used.

The VRP, with the date of return annotated, will eventually be returned to the reporter. The CAA-B Safety Officer will endeavour to complete the processing within ten (10) working days if additional information is not needed. In cases where the CAA-B Safety Officer needs to discuss with the reporter or consult a third party, more time may be needed.

If the CAA-B Safety Officer is away from his office for a prolonged period, the alternate CAA-B Safety Officer will process the submission. Reporters can rest assured that every submission will be read and followed through by the CAA-B Safety Officer.

Relevant de-identified extracts may be shared within the company as well as with external aviation stakeholders as deemed appropriate. This will enable all concerned personnel and departments within the company as well as appropriate external aviation stakeholders to review their own operations and support the improvement of aviation safety as a whole.

If the content of a submission suggests a situation or condition that poses an immediate or urgent threat to aviation safety, it will be handled with priority and referred, after de-identification, to the relevant organizations or authorities as soon as possible to enable them to take the necessary safety actions.

The CAA-B staff will assess submissions for clarity, completeness and significance for aviation safety. To do this, the staff may need to contact the reporter. Once satisfied that the submission is as complete as possible, the staff enter the de-identified content of the submission into the VRP database, which allocates it a unique identification number.

VRP may use the de-identified version of the submission to issue an information-brief or alert bulletin to a person or responsible organisation in a position to take action in response to the safety concern.

2.4 What are the possible outcomes from a VRP submission?

The desired outcomes are any actions taken to improve aviation safety in response to the identified concern. This can include variations to standards, orders, practices, procedures or an education campaign.

2.5 Is an anonymous submission via VRP acceptable?

As a general rule VRP does not accept anonymous submissions. CAA-B staff cannot contact an anonymous reporter to verify the submission or to seek additional information.

Further, CAA-B staff must be satisfied that the reporter's motivation for reporting is aviation safety promotion and that the reporter is not attempting to damage a rival or pursue a commercial/industrial agenda.

2.6 Why Confidential Reporting Works

When organizations want to learn more about the occurrence of events, the best approach is simply to ask those involved. People are generally willing to share their knowledge if they are assured.

Their identities will remain protected.

There is no disciplinary or legal consequences.

A properly constructed **confidential, voluntary, non-punitive** reporting system can be used by any person to safely share information.

Only de-identified comments can be discussed within the CAA-B.

2.7 Mandatory Occurrence Report or VRP?

VRP is a separate scheme to the Mandatory Occurrence Reporting Scheme.

Note: Refer to CAP GEN 03 – Mandatory Occurrence Reporting

3. REPORTING

3.1 What Do I Report?

Safety or security-related incidents or events involving:

- Yourself,
- Other people
- Your organisation or organisations you deal with.

Incidents/events can include:

- Errors
- Individual performance
- Health & Safety matters affecting Operating Procedures
- Regulatory aspects
- Unsafe practices

3.2 What Do I Not Report?

To avoid doubt, the following matters are not reportable safety issues:

- acts of unlawful interference with an aircraft;
- industrial relations issues and/or terms and conditions of employment problems;
- conduct that constitutes an offence under the Civil Aviation Act;
- Incidents or events with no safety or security content; and
- Issues involving conflicts of personalities.

3.3 When Do I Report?

- you wish others to benefit from an important "Lesson Learned"
- When other reporting procedures are not appropriate or are not available
- When you are concerned to protect your identity
- When you have exhausted company/regulatory reporting procedures without the issue having been addressed

Note: The CAA-B publishes submissions anonymously, but does not accept anonymous reports.

3.4 How to Submit/Comment

The completed attached report form at Appendix 1, with additional pages if required, should be sent to;

Safety Officer
Civil Aviation Authority Bahamas
JL Centre
#26 Blake Road
Nassau, N.P.,
The Bahamas

Tel: 242 397 4700 / Fax: 242 326 3591

4. SUMMARY

Confidential reporting aims to improve our understanding about human factors issues that affect the safety of air transport operations. It is a confidential reporting system that aims to encourage reporting, yet without identifying the reporter. It does this, so that incidents and events that would not ordinarily come to light are examined for the lessons they can provide on improving flight safety. There is no doubt that a truly confidential system provides a worthwhile adjunct to the mandatory reporting systems and has manifestly been successful in its objectives.



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APPENDIX 1

VOLUNTARY REPORT FORM

NAME: _____ ADDRESS: _____ EMAIL: _____ TEL: _____	1. YOUR PERSONAL DETAILS ARE REQUIRED ONLY TO ENABLE US TO CONTACT YOU FOR FURTHER DETAILS ABOUT ANY PART OF YOUR REPORT. 2. YOU WILL RECEIVE AN ACKNOWLEDGEMENT AS SOON AS POSSIBLE. 3. THIS WHOLE REPORT FORM WILL BE DE-IDENTIFIED . <b style="text-align: center;">NO RECORD OF YOUR NAME AND ADDRESS WILL BE KEPT
--	--



FLIGHT CREW

YOURSELF - CREW POSITION	THE FLIGHT/EVENT		
CAPTAIN <input type="checkbox"/> FIRST OFFICER <input type="checkbox"/> PILOT FLYING <input type="checkbox"/> PILOT NOT FLYING <input type="checkbox"/> FLIGHT ENGINEER <input type="checkbox"/> OTHER CREW MEMBER <input type="checkbox"/>	DATE OF OCCURRENCE	TIME	(LOCAL/UTC)
	LOCATION	HEIGHT/ALT/FL	
	TYPE OF ATC SERVICE	DAY <input type="checkbox"/> NIGHT <input type="checkbox"/>	
THE AIRCRAFT	TYPE OF FLIGHT	TYPE OF OPERATION	
TYPE/SERIES	IFR <input type="checkbox"/> VFR <input type="checkbox"/>	PASSENGER <input type="checkbox"/> TRAINING <input type="checkbox"/>	
NUMBER OF CREW	OTHER: <input type="checkbox"/>	FREIGHT <input type="checkbox"/> OTHER: <input type="checkbox"/>	
EXPERIENCE/QUALIFICATION	WEATHER	FLIGHT PHASE	
TOTAL HOURS _____ HRS	VMC <input type="checkbox"/> IMC <input type="checkbox"/>	TAXI <input type="checkbox"/> TAKE-OFF <input type="checkbox"/>	
HOURS ON TYPE _____ HRS	RAIN <input type="checkbox"/> FOG <input type="checkbox"/>	CLIMB <input type="checkbox"/> CRUISE <input type="checkbox"/>	
TRG CAPT <input type="checkbox"/> TRE <input type="checkbox"/> IRE <input type="checkbox"/>	ICE <input type="checkbox"/> SNOW <input type="checkbox"/>	DESCENT <input type="checkbox"/> APPROACH <input type="checkbox"/>	
OTHER QUALIFICATIONS:	OTHER:	LANDING <input type="checkbox"/> GO AROUND <input type="checkbox"/>	
THE COMPANY			
NAME OF COMPANY:			

CABIN CREW

YOURSELF - CREW POSITION	THE FLIGHT/EVENT		
CABIN CREW IN-CHARGE <input type="checkbox"/> SENIOR CABIN CREW <input type="checkbox"/> CABIN CREW <input type="checkbox"/> SUPERNUMERARY <input type="checkbox"/> OTHER:	DATE OF INCIDENT	LOCAL/UTC	CABIN LIGHTING:
	TIME		BRIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/>
	AIRCRAFT LOCATION		DAY <input type="checkbox"/> NIGHT <input type="checkbox"/>
EXPERIENCE/QUALIFICATION	THE AIRCRAFT	CABIN ACTIVITY	
TOTAL YEARS	TYPE/SERIES	BOARDING <input type="checkbox"/> BEVERAGE SERVICE <input type="checkbox"/>	
YEARS WITH CURRENT AIRLINE	NUMBER OF CABIN CREW	TROLLEY SERVICE <input type="checkbox"/> MEAL SERVICE <input type="checkbox"/>	
AIRCRAFT TYPES QUALIFIED ON:	NUMBER OF PAX ON BOARD	TRAY SERVICE <input type="checkbox"/> DISEMBARKING <input type="checkbox"/>	
1. 2. 3.	NUMBER OF EXITS	FILM <input type="checkbox"/> OTHER: <input type="checkbox"/>	
4. 5. 6.			
TYPE OF OPERATION	WEATHER (IF RELEVANT)	FLIGHT PHASE	
SCHEDULED <input type="checkbox"/> CHARTER <input type="checkbox"/>	CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/>	PRE-DEPARTURE <input type="checkbox"/> TAXI <input type="checkbox"/>	
CORPORATE <input type="checkbox"/> OTHER: <input type="checkbox"/>	RAIN <input type="checkbox"/> FOG <input type="checkbox"/>	TAKE-OFF <input type="checkbox"/> CLIMB <input type="checkbox"/>	
PASSENGER(S)/INJURY(IES)	ICE <input type="checkbox"/> SNOW <input type="checkbox"/>	CRUISE <input type="checkbox"/> DESCENT <input type="checkbox"/>	
PASSENGER(S) INVOLVED? YES <input type="checkbox"/> NO <input type="checkbox"/>	TURBULENCE <input type="checkbox"/> THUNDERSTORM <input type="checkbox"/>	APPROACH <input type="checkbox"/> LANDING <input type="checkbox"/>	
INJURY TO PASSENGER <input type="checkbox"/> INJURY TO CREW <input type="checkbox"/>	OTHER:	STAND/GATE ARRIVAL <input type="checkbox"/> OTHER: <input type="checkbox"/>	
THE COMPANY	MY MAIN POINTS ARE:		
NAME OF COMPANY:	A:		
REPORT TOPIC	B:		
MY REPORT RELATES TO:	C:		



AIR TRAFFIC CONTROLLER

YOURSELF		THE EVENT/SITUATION					
TOTAL EXPERIENCE	YRS	DATE		WEATHER:			
EXPERIENCE PRESENT UNIT	YRS	LOCAL TIME		VMC	<input type="checkbox"/>	IMC	<input type="checkbox"/>
VALIDATED PRESENT POSITION	YRS	LOCATION OF AIRCRAFT		RAIN	<input type="checkbox"/>	FOG	<input type="checkbox"/>
ACTING AS INSTRUCTOR	<input type="checkbox"/>	NEAREST REPORTING POINT		ICE	<input type="checkbox"/>	SNOW	<input type="checkbox"/>
UNDER TRAINING	<input type="checkbox"/>	DAY	<input type="checkbox"/>	NIGHT	<input type="checkbox"/>	DUST/SAND	<input type="checkbox"/>
				OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
AIR TRAFFIC SERVICE		FLIGHT PHASE		1ST AIRCRAFT		2ND AIRCRAFT	
ATC SERVICE(S) BEING PROVIDED		TAXI	<input type="checkbox"/>	TAKE-OFF	<input type="checkbox"/>	TYPE/SERIES	
TYPE(S) OF AIRSPACE		CLIMB	<input type="checkbox"/>	CRUISE	<input type="checkbox"/>	OPERATOR	
TYPE OF RADAR		DESCENT	<input type="checkbox"/>	APPROACH	<input type="checkbox"/>	PAX	<input type="checkbox"/>
SHIFT WORKED		LANDING	<input type="checkbox"/>	GO AROUND	<input type="checkbox"/>	FREIGHT	<input type="checkbox"/>
HOURS ON DUTY	HRS	OTHER:		OTHER:		OTHER:	
				IFR	<input type="checkbox"/>	VFR	<input type="checkbox"/>
				OTHER:		OTHER:	
LOCATION							
NAME OF UNIT/AIRFIELD:							

AIRCRAFT MAINTENANCE ENGINEER

YOURSELF		THE EVENT		FACTORS	
CERTIFYING ENGINEER	<input type="checkbox"/>	DATE OF OCCURRENCE		MANPOWER LEVELS	<input type="checkbox"/>
TECHNICAL SUPPORT	<input type="checkbox"/>	TIME OF OCCURRENCE	AM/PM	SKILLS	<input type="checkbox"/>
QUALITY	<input type="checkbox"/>			TRAINING	<input type="checkbox"/>
MECHANIC	<input type="checkbox"/>			MEDICAL STATE	<input type="checkbox"/>
EXPERTISE		LOCATION		DOCUMENTARY	
ENGINE/AIRFRAME	<input type="checkbox"/>	ON LINE	<input type="checkbox"/>	PROCEDURES	<input type="checkbox"/>
AVIONICS	<input type="checkbox"/>	HANGAR	<input type="checkbox"/>	MANUALS	<input type="checkbox"/>
OTHER:		WORKSHOP	<input type="checkbox"/>	DOCUMENTATION	<input type="checkbox"/>
OTHER:		OTHER:			
EXPERIENCE		THE AIRCRAFT		HARDWARE	
YEARS IN MAINTENANCE IND	YRS	AIRCRAFT/ENGINE TYPE		MATERIALS	<input type="checkbox"/>
YEARS AT PRESENT COMPANY	YRS	SYSTEM/COMPONENT		SPARES	<input type="checkbox"/>
				TOOLS	<input type="checkbox"/>
WORK AREA/DUTY		REPORTED TO		EXTERNAL	
LINE	<input type="checkbox"/>	LINE CHIEF	<input type="checkbox"/>	COMMUNICATIONS	<input type="checkbox"/>
BASE	<input type="checkbox"/>	QUALITY	<input type="checkbox"/>	WEATHER	<input type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	OPERATING OFFICER			
OFFICE	<input type="checkbox"/>	TECH SUPPORT	<input type="checkbox"/>	TIME PRESSURE	<input type="checkbox"/>
SHIFT WORKED		CAA	<input type="checkbox"/>	OTHER:	
HOURS ON DUTY PRIOR TO INCIDENT	HRS	OTHER:			
THE COMPANY					
NAME OF COMPANY:					



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