

**TCAS Operational Evaluation
ATC Report Form**

**Air Traffic Control the Netherlands
Corporate Quality and Safety / Incident Investigation**

(Fill in blanks / circle correct answers)

ATC-unit: _____ Date : _____	
Sector/Position: _____ Time: _____ UTC	
Workload: Low / Normal / High	Peak period: INBOUND / OUTBOUND / NONE
Position and altitude of occurrence: _____ ; _____ ft / FL	
Description of occurrence: _____ _____ _____ _____	
Involved Aircraft Nr 1	
Callsign: _____ SSR-code: _____ R/T contact: YES / NO	
Aircraft was: CLIMBING / DESCENDING / LEVEL / TURNING LEFT / TURNING RIGHT	
Involved Aircraft Nr 2	
Callsign: _____ SSR-code: _____ R/T contact: YES / NO	
Aircraft was: CLIMBING / DESCENDING / LEVEL / TURNING LEFT / TURNING RIGHT	
ATC-separation was established : HORIZONTAL / VERTICAL / BOTH	
If <u>known</u> , what type of advisory did the pilot get? : Traffic Advisory (TA) / Resolution Advisory (RA)	
Did either pilot report an airprox? :	YES / NO
Did either pilot ask for traffic information? :	YES / NO
If YES, was it before or after manoeuvring? :	BEFORE / AFTER
Was the action taken by the pilot justified in your view? :	YES / NO
Did the occurrence disrupt your activities? :	YES / NO (if YES, specify in remarks)
Remarks:	