

## ATS Operating Irregularity Report Form

(To be received and completed by operational employees, including trainees, as soon as practical after an operating irregularity may have occurred.)

There are 2 sections for completion:

**A. Data (pages 2-5)** ... to be returned to the manager who will review and place it in the OSI package for presentation to the OSI chairperson.

**B. Sleep-Awake Form (pages 7-8)** ... to be detached and sealed in the pre-addressed envelope provided by the manager and returned with the data section to the manager, who will place it in the OSI package for presentation to the OSI chairperson.

**This form cannot be used in cases of discipline or incompetence and its sole purpose is to support the safety investigation process.**

The operational employee is entitled to have an employee representative present for the completion of the Operating Irregularity Reporting Form. Since this form may be completed before an opportunity exists to review relevant recordings or to seek advice or to review all of the circumstances of the event, the operational employee can subsequently modify its content based on receipt of additional data.

## A. Data (Pages 2-5)

**Directions for use:** complete the Data Section (pages 2-4) and return it to the Manager.

1. Date of incident Y                      M                      D	Time UTC HR                      MIN.	LOCAL HR                      MIN.	2. Unit(s)	3. Your sector or position
	:	:		

Aircraft #1		Aircraft #2	
4. Identification	Type	6. Identification	Type
5. Flight Plan Data (Route, Altitude)		7. Flight Plan Data (Route, Altitude)	

Vehicle(s)		
8. Identification	Type	Activity

9. Weather conditions at incident location (if applicable)
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10. Type of service being provided in relation to the occurrence				
<b>ACC</b> (yes or no)	<b>Tower</b> (yes or no)	<b>FSS</b> (yes or no)	<b>FIC</b> (yes or no)	<b>ATOS</b> (yes or no)
Radar _____	Airport _____	AAS _____	FISE _____	Landline Flight Planning _____
Non-Radar _____	Ground _____	VCS/VAS _____	VCS/VAS _____	IFR and VFR Alerting _____
Radar & Non-Radar _____	Coordinator _____	RAAS _____	RAAS _____	OIDS/AMIS/MIDS Monitoring and Updating _____
	CD _____	Pilot Briefing _____	Pilot Briefing _____	Flight Data Processing _____
		Wx Obs _____	Wx Obs _____	Other (specify) _____
		Other _____ (specify)	Flight Planning _____	
			Other _____ (specify)	

11. Equipment Status	12. Assessment of : (A) Workload (light, moderate, or heavy):  (B) Workload Complexity (non-complex, complex, or very complex):
13. Was staffing: (A) Adequate?  (B) If no, why?	14. Sector or airspace or airport within which the incident occurred
15. Altitude at which incident occurred	16. Name of your supervisor at the time of the occurrence

## A. Data continued (Pages 2-5)

**Diagram** (if necessary)

**17. Brief Description** ... of what you thought was happening, try to include your priorities and what was being focused on around the time of the occurrence:

**18(a) Decision Planning** (please use extra paper if the allotted space is too small)

Try to include factors that affected planning (coordination, procedures, equipment information, operational conditions, etc):

- describe initial plan(s) for individual aircraft or vehicle or tasks, then if applicable
- describe separation plan(s) between aircraft & aircraft or aircraft & vehicle(s), and
- was a deviation from your plan(s) required prior to execution and, if so, when?
- were any other plans considered?

**18(b) Executing/Monitoring** (please use extra paper if the allotted space is too small)

Try to include factors that affected executing/monitoring (task difficulty/criticality, sources of breakdown, level of preparedness, training, experience, attention, memory, etc):

- describe how the plan was executed/monitored:

## A. Data continued (Pages 2-5)

### 19. Outcome

Based on your assessment, was there a loss of separation or a hazardous situation?

### 20. Suggestion(s)

Any suggestion as to how such an outcome could be prevented in the future?

### 21. Any other Safety Concerns related to the event?

### 22. Training In Progress

Please fill in the relevant section if the OI occurred at a position where training was in progress.

#### On-the-Job-Instructor

- 1) How many phases/assessment periods are there in the UQTP/QTP?
- 2) What phase was the trainee in?
- 3) Are you the trainee's assigned instructor?
  - a. If yes, how long have you been assigned to the trainee?
- 4) Questions regarding the event:
  - a. Were there any factors preventing you from maintaining surveillance?
  - b. Were you completely aware of the plan? How were you aware of the plan (e.g. listening, watching, asking)?
  - c. At what point did you notice there may be a problem in the plan?
  - d. At what point in the sequence did you step in? Why, at that point?
  - e. Did you consider stepping in earlier? Why/why not?

## A. Data continued (Pages 2-5)

### 23. Training In Progress (continued)

#### Trainee

If not already covered in Section A, please answer:

- 1) Was there a plan B for this situation? If so, what was it?
  
- 2) Was there any point in time when you thought things might be going wrong? If yes, explain when and why.

**Data Section completed by:**  
(Operational Employee)

\_\_\_\_\_  
(Print name)

**Data Section received by:**  
(Manager)

\_\_\_\_\_  
(Manager signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Position)

\_\_\_\_\_  
(Date)

**Was the Sleep–Awake Form returned to Manager in the sealed pre-addressed envelope along with the Data Section (yes/no):** \_\_\_\_\_  
(to be completed by Manager)

**When signed and received, a copy of this Data Section A must be given to the ATS employee submitting the form.**

**Intentionally left blank  
(see Sleep-Awake Form pages 7 & 8)**

## B. Sleep-Awake Form (Pages 7 & 8)

**CONFIDENTIAL**

### Background

In 2001, the Tripartite Working Group on ATC Fatigue, comprised of representatives from Transport Canada, the Canadian Air Traffic Control Association (CATCA) and NAV CANADA, identified the problem that the lack of comprehensive data (both world-wide and internally within NAV CANADA) did not allow for the effective assessment of the role of fatigue in operational incidents. The Tripartite Working Group recommended that more fatigue-related data be collected during incident investigations. This sleep/awake form has been developed to address the identified problem.

*FSS, ATOS, and ATC operational employees play an integral role in improving overall system safety when they complete the optional Sleep-Awake Form that appears below.*

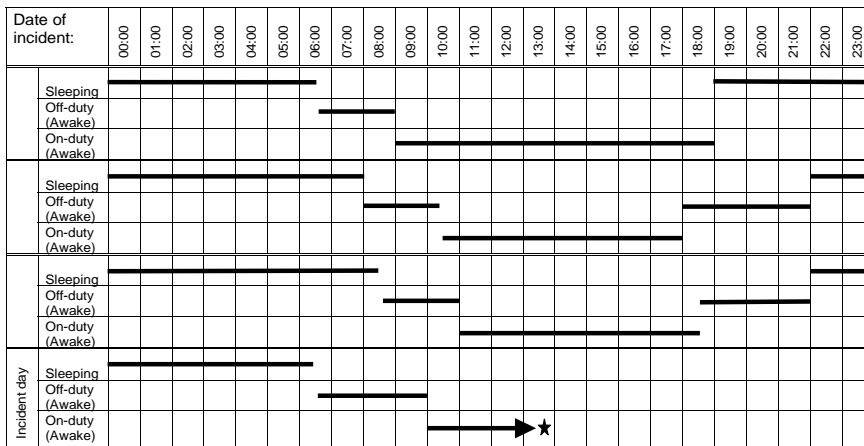
### Directions for use:

**Seal the Sleep-Awake Form (pages 7 & 8), completed or otherwise, in the pre-addressed (to the OSI Chairperson) envelope and return it to the manager.**

**If the Sleep-Awake Form is not completed, please explain why in the table provided at the end of this Section.**

**Note that you are responsible to make your own copy.**

- The following graph is an example of a filled-out Sleep/Awake cycle.



\* indicates time of incident

**Please fill out your Sleep/Awake patterns over the last 3 complete sleep cycles leading up to the time of the incident under review:**

Date of incident:		00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00
	Sleeping																								
	Off-duty (Awake)																								
	On-duty (Awake)																								
	On-duty (Awake)																								
	Sleeping																								
	Off-duty (Awake)																								
	On-duty (Awake)																								
	On-duty (Awake)																								
Incident day	Sleeping																								
	Off-duty (Awake)																								
	On-duty (Awake)																								
	On-duty (Awake)																								

**B. Sleep-Awake Form continued (Pages 7 & 8)****CONFIDENTIAL**

2. What time of day/night do you prefer sleeping? For example, "Ideally, I like going to sleep around 10:00 p.m. and waking at 6 a.m."

Preferred start time of sleep: \_\_\_\_\_ Preferred wake time: \_\_\_\_\_

Researchers say that most people in today's society live on less than the ideal amount of sleep. How much sleep do you believe would be ideal for you each night or day (not including "catch-up" sleep)?

\_\_\_\_\_ hours.

3. Please check off all that apply. For your last sleep period, did you:

- ☐ Have difficulty falling asleep  
☐ Wake up frequently  
☐ Wake up for a long period  
☐ Wake up earlier than planned  
☐ Other \_\_\_\_\_

Please describe the pattern of your sleep/awake period: \_\_\_\_\_

4. After your last sleep, describe any strategies you use to promote alertness:

- ☐ Nap  
☐ Caffeine (e.g. coffee, cola beverage, tea)  
☐ Physical activity  
☐ Other \_\_\_\_\_

Please describe what and how you used it (e.g., when and length of nap, number of cups of coffee and when consumed, etc.): \_\_\_\_\_

5. How would you rate the overall quality of your sleep for the past 3 consecutive sleep cycles? Please enter one of the following ratings for each day:

- 1- Slept very well.  
2- Slept fairly well- woke up a couple of times but easily fell asleep again.  
3- Did not sleep very well - woke up often or could not quickly fall back asleep.  
4- Did not sleep very well at all.

	Rating
Day 1	
Day 2	
Day 3 (last sleep cycle)	

<b>Sleep-Awake Form submitted by:</b>	_____ (print name)
<b>If Sleep-Awake Form was not completed, indicate why:</b>	
<b>Date of Operating Irregularity:</b>	