

PILOTS INFORMATION FORM

The following information is required for a BAAI investigation and will be treated in confidence unless required for the compilation of an accident report in accordance with ICAO Annex 13

Name (First)..... (Last)..... Title.....
Date of Birth.....
Company Address.....
Telephone No.....
Home Address.....
Telephone No..... Mobile No.....
E-mail.....

Please note: Communication will normally be made using your home details

LICENCE DETAILS:

Licence Type/No..... Date Issued..... Expires.....
Aircraft Ratings Part 1.....
Part 2.....
Other Ratings (TRI, TRE etc)

CURRENCY:

LPC/IR valid until.....
OPC valid until.....
Line Check valid until.....
Company Qualification (ETOPS, Cat III etc).....
SEP Training valid until.....

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BUREAU OF AIR ACCIDENT INVESTIGATION

MEDICAL CERTIFICATE:

Class.....Date Issued.....Expires.....

Limitations.....

EXPERIENCE:

Total Flying Hours		
Total Command Hours		
Total Hours on Type		
	On Type	All Types
Hours Last 90 Days		
Hours Last 28 Days		
Hours Last 24 Hours		

DUTY TIMES:

Start of Duty.....hrs (UTC) Planned end of Duty.....hrs (UTC)

Actual end of Duty.....hrs (UTC)

Length of preceding rest period.....hours Split Duty.....Y/N

Acclimatised.....Y/N

REMARKS:

Personal / Medical factors that you may think may have affected the accident/incident:

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Signature.....Date.....

Please return completed form to: Chief Inspector of Accidents.