

## TCAS TRANSITION PROGRAM AIR TRAFFIC CONTROL EVENT QUESTIONNAIRE

This questionnaire is designed to provide you with a vehicle for your comments on TCAS implementation and integration into the ATC system. The questionnaire also provides a means for the FAA to comply with the provisions set forth in Public Law (P.L. 101-236) which governs TCAS implementation in the NAS. The form should be filled out any time you become aware a TCAS EVENT has been reported. Once the data are entered into the TTP database the questionnaire will be destroyed. Please fill out the form in full and check all that apply. Thank You.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_(UTC) FACILITY: \_\_\_\_\_ REGION: \_\_\_\_\_ (Optional)

<b>TCAS AIRCRAFT</b>			
ID(flight number): _____	Aircraft Type: _____	Transponder Code: _____	
Actual Altitude at RA: _____ft	Clearance Altitude: _____ft		
Estimated Range between TCAS & Other aircraft at RA: _____ nm.	Position: _____ / _____ / _____ <small style="display: block; text-align: center;">VOR                  Radial                  DME</small>		

<b>OTHER AIRCRAFT</b>	Is aircraft TCAS equipped? <input type="checkbox"/> YES <input type="checkbox"/> NO
ID(flight number): _____	Aircraft Type: _____ Transponder Code: _____ Actual Altitude: _____ft

**Phase of Flight:** (check one)  Departure (Take-off to 10,000 ft)  Climb (10,000 ft to cruise)

Cruise                   Descent (Cruise to 10,000 ft)                   Approach (Below 10,000 ft)

Was there a clearance deviation by the TCAS aircraft?  YES  NO      Altitude Deviation: \_\_\_\_\_ ft

**Did this involve:**

Loss of Separation with 3rd aircraft? <input type="checkbox"/> YES <input type="checkbox"/> NO	Near Mid Air Collision? <input type="checkbox"/> YES <input type="checkbox"/> NO
Phantom Target? <input type="checkbox"/> YES <input type="checkbox"/> NO	Course Deviation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Delay in accepting ATC clearance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Missed Approach? <input type="checkbox"/> YES <input type="checkbox"/> NO

What was the closest proximity of the two aircraft? \_\_\_\_\_ ft \_\_\_\_\_ nm.

Was there any communication regarding the TCAS maneuver?  YES  NO

If YES, initiated by:  ATC  TCAS Aircraft  Other Aircraft

When did communications take place?  BEFORE  DURING  AFTER

Did the TCAS maneuver require the other aircraft to deviate?  YES  NO

Was TCAS disruptive to: Traffic flow?  YES  NO      Your plans?  YES  NO

Did Conflict Alert activate?  YES  NO      Was the TCAS maneuver the same one you would have issued?  YES  NO

Description of Event/Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FORWARD TO:  
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