
TCAS TRANSITION PROGRAM

PILOT EVENT QUESTIONNAIRE (LOGIC VERSION 7.0)

The FAA and the airline industry have established the TCAS Transition Program to assess the operational acceptability of TCAS in the National Airspace system. Your participation in the program is essential to the success of the program. Please complete and return this questionnaire as quickly as possible. The information contained herein will be used only by the Program participants to assess the operation of TCAS and will not be released to the public in a manner, which allows the identification of you or the airline. The information WILL NOT be used to initiate or pursue enforcement action against you or the crew. Once the data is entered into the TTP databases the questionnaire will be maintained for no longer than 60 days, at which time it will be destroyed. Please fill out the form in full and check all that apply.

DATE: ___/___/___ TIME: _____ UTC AIRLINE: _____ FLIGHT #: _____
A/C TYPE: _____ TAIL NUMBER: _____ ORIGIN: _____ DESTINATION: _____
OWN ALTITUDE: _____ FT OWN POSITION: _____ / _____ / _____

	VOR	RADIAL	DME
PHASE OF FLIGHT:	DEPARTURE (TAKEOFF TO 10,000 Ft)	CLIMB (10,000 Ft To TOC)	CRUISE
	DESCENT (TOC To 10,000 Ft)	APPROACH (BELOW 10,000 Ft)	

INTRUDER AIRCRAFT

ID (IF KNOWN): _____ TCAS EQUIPPED (IF KNOWN)? YES NO
RELATIVE ALTITUDE AT TA: _____ FT CLOCK POSITION: _____ EST. RANGE AT TA: _____ NM
WERE MULTIPLE TA'S (AURALS) ISSUED ON THE SAME AIRCRAFT? YES NO IF YES HOW MANY? _____
RELATIVE ALTITUDE AT RA: _____ FT CLOCK POSITION: _____ EST. RANGE AT RA: _____ NM
WERE MULTIPLE RA'S ISSUED ON THE SAME AIRCRAFT? YES NO IF YES HOW MANY? _____

INITIAL RA ISSUED:	DESCEND, DESCEND	CLIMB, CLIMB	MONITOR VERTICAL SPEED
	ADJUST VERTICAL SPEED, ADJUST	CLIMB, CROSSING CLIMB	DESCEND, CROSSING DESCEND
	MAINTAIN VERTICAL SPEED, MAINTAIN	MAINTAIN VERTICAL SPEED, CROSSING MAINTAIN	

DID THE INITIAL RA CHANGE TO ANY OF THE FOLLOWING?

ADJUST VERTICAL SPEED, ADJUST	INCREASE CLIMB	INCREASE DESCENT
CLIMB, CLIMB NOW	DESCEND, DESCEND NOW	

FOR THE ENCOUNTER, PLEASE INDICATE THE SEQUENCE OF EVENTS (I.E. ATC ADVISORY 1, VISUAL CONTACT 2, TA 3, RA 4)

ATC ADVISORY: _____ TA: _____ RA: _____ VISUAL CONTACT: _____

WAS THE RA:

FOLLOWED:	YES	NO	NECESSARY FOR THE SITUATION:	YES	NO
CONFLICT WITH ATC INSTRUCTIONS:	YES	NO	RESULT IN A CLEARANCE DEVIATION:	YES	NO
			IF YES, WHAT WAS THE DEVIATION?	_____ FT	

REMARKS: (PLEASE PROVIDE COMMENTS/CONCERNS ON THIS ENCOUNTER)

FORWARD TO:

ARINC
SEAN REILLY
MAIL STOP 6-3131
2551 RIVA ROAD
ANNAPOLIS MD 21401-7465
