



Notification of Exceeding the Limitations of an ATCO Rostering System

Completed forms should be submitted through your management chain by email to caa@gov.im. Forms may be completed electronically and a signature is not required.

1. DUTY DETAILS

ATCO name:

ATC unit:

Date:

On duty as:

Operational position:

Start time of shift:

Actual finish time of shift:

Start time of operational duty:

Time operational duty ceased:

Breach details

(ORS 9 Decision 6 ref):

Narrative (give additional relevant information):

2. ATC SUPERVISOR REPORT

ATC supervisor name:

Narrative (give additional relevant information):

2. LOCAL MANAGEMENT ACTION

Local manager name:

Narrative (give additional relevant information):

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