

WAKE VORTEX REPORT FORM

For use by pilots involved in Wake Vortex , natural air turbulence or mountain wave incidents which have occurred in EUR RVSM Airspace.

This information is requested by the RVSM Programme and will be forwarded for inclusion in the Wake Vortex database as part of the RVSM Pre and Post Implementation Safety Cases.

SECTION A

DATE OF OCCURRENCE	TIME (UTC) *DAY/NIGHT	OPERATOR	FLIGHT NUMBER
AIRCRAFT TYPE & SERIES		REGISTRATION	AIRCRAFT WEIGHT (KG)
ORIGIN & DESTINATION	GEOGRAPHICAL LOCATION	AIR ROUTE	
FLIGHT LEVEL	SPEED/MACH NBR.	FLIGHT PHASE: *CRUISE/CLIMB/DESCENT	WERE YOU TURNING? *YES/NO/ PROBABLY
AT THE TIME OF THE INCIDENT DID YOU?			
REQUEST A FLIGHT LEVEL CHANGE? *YES/NO	REQUEST A CHANGE OF HEADING? *YES/NO	INFORM ATC? *YES/NO	
MET CONDITIONS IMC VMC	ACTUAL WEATHER WIND VISIBILITY CLOUD TEMPERATURE / km / °C	DEGREE OF TURBULENCE *LIGHT/MODERATE/SEVERE	
OTHER SIGNIFICANT WEATHER?			

(*Circle the appropriate reply only)

SECTION B

- 1 What made you suspect Wake Vortex as the cause of the disturbance? _____
- _____
- _____
- _____

2 Did you experience vertical acceleration/velocity? *YES/NO
If YES please describe briefly _____

3 What was the change in attitude? (please estimate angle)
Pitch _____° Roll _____° Yaw _____°

4 What was the change in height if any? _____ *INCREASE/DECREASE

5 Was there buffeting? *YES/NO

6 Was there stick shake? *YES/NO

7 Was the Autopilot engaged? *YES/NO

8 Was the Autothrottle engaged? *YES/NO

9 What control action was taken?
Please describe briefly _____

10 Could you see the aircraft suspected of causing the wake vortex? *YES/NO

11 Did you contact the aircraft suspected of causing the vortex? *YES/NO

If YES to questions 10 & 11, what type of aircraft was it? _____
and where was it relative to your position? _____
(Estimated separation distance) _____

Were you aware of the preceding aircraft before the incident? *YES/NO

OTHER INFORMATION

12 Have you any other comments which you think may be useful? _____

Signed _____

Name (BLOCK CAPITALS) _____ DATE _____

(*Circle the appropriate reply only)

When complete please send this form to:

RVSM Programme Support Office
EUROCONTROL
Rue de la Fusée, 96
B-1130 Brussels
Belgium

Fax number ++322.729.4629

or by e-mail to: rvsm.office@eurocontrol.int
