

Laser Beam Exposure Questionnaire



Send to the Civil Aviation Authority of Mongolia

Fax: +976-70046562 , or

Email: Report@mcaa.gov.mn

Submitter Details

Pilot-in-command		Contact Telephone	
Operator		Aircraft Type	Aircraft Registration -

Event Details (provide information or circle most appropriate response)

1. Date and time (UTC)		Time (UTC)	:
2. Aircraft position at time of event			
3. Aircraft altitude at time of event			
4. Phase of flight at time of event			
5. Visibility at the time of the event			
6. Atmospheric conditions			
7. Colour of the observed light beam	Green <input type="checkbox"/>	Red <input type="checkbox"/>	Other (please state colour):
8. Location of origin of light source			
9. Distance of light source from aircraft location			
10. Position of the light source relative to the aircraft (clock reference)			
11. Was the beam moving?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Did the light appear to track your path?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
13. Were there multiple sources of light?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number (if applicable)
14. Were you advised of the laser in advance by ATC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15. How long was the exposure?			
16. Effect on crew			
17. Change of pilot flying required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. Visual effects experienced			
19. Did you report the incident to ATC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
20. Do you intend to seek medical attention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
21. Any other pertinent information (describe below)			