

Laser Beam Exposure Questionnaire



Send to the Civil Aviation Authority of New Zealand

Fax: 0-4-560 9469, or

Email: ISI@caa.govt.nz

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)							
2. Aircraft position at time of event							
3. Aircraft altitude at time of event							
4. Phase of flight at time of event	Taxi	TO	Climb	Cruise	Descent	Approach	Landing
5. Visibility at the time of the event							
6. Atmospheric conditions	Clear	Overcast	Rain	Fog	Haze		
7. Colour of the observed light beam	Green	Red	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	Distraction	Disorientation			Visual impairment		
17. Change of pilot flying required?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	
18. Visual effects experienced	None	After-image	Blind spot	Flash-blindness		Glare	
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)							