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

<table>
<thead>
<tr>
<th>Pilot-in-command</th>
<th>Contact Telephone</th>
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</thead>
<tbody>
<tr>
<td>Operator</td>
<td>Aircraft Type</td>
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<tr>
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<td>Aircraft Registration</td>
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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
5. Visibility at the time of the event
6. Atmospheric conditions
7. Colour of the observed light beam
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 ☐ No ☐
12. Did the light appear to track your path? Yes ☐ No ☐
13. Were there multiple sources of light? Yes ☐ No ☐ Number (if applicable)
14. Were you advised of the laser in advance by ATC? Yes ☐ No ☐
15. How long was the exposure?
16. Effect on crew
   - Distraction
   - Disorientation
   - Visual impairment
17. Change of pilot flying required? Yes ☐ No ☐
18. Visual effects experienced
   - None
   - After-image
   - Blind spot
   - Flash-blindness
   - Glare
19. Did you report the incident to ATC? Yes ☐ No ☐
20. Do you intend to seek medical attention? Yes ☐ No ☐
21. Any other pertinent information (describe below)

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CAA800
Rev 0 : May 09