

FAA FORM 7210-3, FINAL OPERATIONAL ERROR/DEVIATION REPORT (ATQA)

<p><b>Final Operational Error/Deviation Report (ATQA)</b> <b>PART I. INVESTIGATIVE DATA</b></p>		<p>Report Number R D U T 0 5 E 0 0 2</p>	
<p><b>1. Date and time of incident:</b> MM/DD/YYYY Time (Local) 08/17/2005 0004</p>			
<p><b>2. Responsible facility:</b> RDU <b>Classification Level:</b> 9</p>		<p><b>3. Severity Index:</b> 78 points  <input type="checkbox"/> Low <input type="checkbox"/> Controlled w/ no TCAS <input type="checkbox"/> Converging, Opposite Courses  <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Controlled with TCAS RA <input checked="" type="checkbox"/> Converging, Crossing Courses  <input type="checkbox"/> High <input checked="" type="checkbox"/> Uncontrolled <input type="checkbox"/> Same Course  <input type="checkbox"/> Diverging/Non-intersecting Courses</p>	
<p><b>4. Was weather a factor in the incident?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in the incident summary.)</p>		<p><b>5. Altitude/flight level of incident:</b> 7000</p>	
<p><b>6. Type of airspace:</b>  <input type="checkbox"/> Class A <input checked="" type="checkbox"/> Class E  <input type="checkbox"/> Class B <input type="checkbox"/> Class G  <input type="checkbox"/> Class C <input type="checkbox"/> Oceanic  <input type="checkbox"/> Class D <input type="checkbox"/> Airport Surface  <input type="checkbox"/> Other</p>		<p><b>7. Location of Incident :</b>                  Fix RDU Intersection                  Direction 24 Runway                  Distance 12 Taxiway                  Latitude                  Longitude</p>	
<p><b>8. Closest Proximity:</b>                  Vertical Feet Lateral <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles                  700 1.61 <input type="checkbox"/> Minutes <input type="checkbox"/> N/A</p>		<p><b>9. Number of aircraft controller had control responsibility for at the time of the incident:</b> 9</p>	<p><b>10. Was training in progress?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Complete blocks 11-36 for each employee</p>			
<p><b>11. Enter P for Primary or C for contributory:</b> P</p>	<p><b>12. Number of personnel involved:</b> 1</p>	<p><b>13. Employees' facility:</b>                  3-letter Identification Level Type                  RDU 9 T</p>	
<p><b>14. Employee identifier:</b></p>	<p><b>15. Date of birth:</b> MM/DD/YYYY [REDACTED] 1952</p>	<p><b>16. Social Security Number:</b> Last 6 digits only [REDACTED]</p>	
<p><b>17. Indicate the performance level of the employee:</b>  <input type="checkbox"/> Developmental  <input checked="" type="checkbox"/> CPC  <input type="checkbox"/> Supervisor  <input type="checkbox"/> Staff Specialist  <input type="checkbox"/> Other                  If CPC, how long since CPC in current facility?                  YY-MM                  14-02</p>	<p><b>18. Last Date of certification or recertification on position:</b>                  MM/DD/YYYY                  09/01/1993  <input type="checkbox"/> Initial Certification  <input checked="" type="checkbox"/> Recertification</p>	<p><b>19. Has training been received within the last 12 months that is relevant to the incident?</b>  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No                  If yes, list the type and the date of that training in this block:                  *See Appendix*</p>	
<p><b>19A. During the 2 1/2 years prior to the incident, in how many operational errors has the employee been found to be the primary cause?</b> 1</p>			
<p><b>19B. During the 2 1/2 years prior to the incident, in how many OE/OD's has the employee been found to be contributory?</b> 0</p>			

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<p>20. Is a medical certification issue related to the incident?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If yes, explain in the incident summary.)</p>	<p>21. Identify and describe the type of work schedule being worked at the time of the incident:</p> <p style="text-align: center;">1-2-3, (1 C/T MIDWATCH, 2 EVENINGS, 3 DAYS)</p> <p style="text-align: center;">FIRST SHIFT OF SIX SHIFT WEEK</p>	<p>22. Current and previous shift:</p> <p>Previous shift Sign in _____ Sign out _____</p> <p>Current shift Sign in 2230 Sign out 0400</p>																									
<p>23. Area of specialization:</p> <p style="text-align: center;">TOWER / TRACON</p>	<p>24. Sector or position:</p> <p style="text-align: center;">ALL TOWER/RADAR</p> <p style="text-align: center;">Number and Name</p>	<p>25. Time on position:</p> <p style="text-align: center;">79 Minutes</p>	<p>26. What sectors or position were combined at the position being staffed by the controller at the time of the incident?</p> <p style="text-align: center;">ALL POSITIONS IN TRACON AND TOWER COMBINED TO CAB COORDINATOR FOR MIDWATCH</p>																								
<p>27. Which associated positions were staffed at the time of the incident?</p> <p style="text-align: center;">NONE</p>																											
<p>28. Position function:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Radar</td> <td><input type="checkbox"/> Radar Associate</td> <td><input type="checkbox"/> Hand Off</td> <td><input type="checkbox"/> Local Control</td> <td><input type="checkbox"/> Ground Control</td> </tr> <tr> <td><input type="checkbox"/> Flight Data</td> <td><input type="checkbox"/> Clearance Delivery</td> <td><input type="checkbox"/> Departure Position</td> <td><input type="checkbox"/> Arrival Position</td> <td><input type="checkbox"/> Area Supervisor</td> </tr> <tr> <td><input type="checkbox"/> Air Traffic Assistant</td> <td><input type="checkbox"/> Traffic Management</td> <td><input type="checkbox"/> Tracker</td> <td colspan="2"><input checked="" type="checkbox"/> Other ALL TOWER AND RADAR POSITIONS</td> </tr> </table>													<input type="checkbox"/> Radar	<input type="checkbox"/> Radar Associate	<input type="checkbox"/> Hand Off	<input type="checkbox"/> Local Control	<input type="checkbox"/> Ground Control	<input type="checkbox"/> Flight Data	<input type="checkbox"/> Clearance Delivery	<input type="checkbox"/> Departure Position	<input type="checkbox"/> Arrival Position	<input type="checkbox"/> Area Supervisor	<input type="checkbox"/> Air Traffic Assistant	<input type="checkbox"/> Traffic Management	<input type="checkbox"/> Tracker	<input checked="" type="checkbox"/> Other ALL TOWER AND RADAR POSITIONS	
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<p>29. Did the employee request assistance prior to the incident?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(If yes, provide explanation in the incident summary.)</p>	<p>30. Was the employee aware that an operational error/deviation was developing?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Provide explanation in the incident summary.)</p>																										
<p>31. Did the employee contemplate taking corrective action?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Provide explanation in the incident summary.)</p>	<p>32. Did the employee attempt to take corrective action?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Provide explanation in the incident summary.)</p>																										
<p>33. Employee was alerted to the incident by:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Equipment:</td> <td style="width: 25%;">Personnel:</td> <td style="width: 25%;">Non-facility Personnel:</td> <td style="width: 25%;">Other:</td> </tr> <tr> <td><input type="checkbox"/> Conflict alert</td> <td><input type="checkbox"/> Self-identified</td> <td><input checked="" type="checkbox"/> Pilot</td> <td></td> </tr> <tr> <td><input type="checkbox"/> MSAW/EMSAW</td> <td><input type="checkbox"/> Facility personnel</td> <td><input type="checkbox"/> Another facility</td> <td></td> </tr> </table>													Equipment:	Personnel:	Non-facility Personnel:	Other:	<input type="checkbox"/> Conflict alert	<input type="checkbox"/> Self-identified	<input checked="" type="checkbox"/> Pilot		<input type="checkbox"/> MSAW/EMSAW	<input type="checkbox"/> Facility personnel	<input type="checkbox"/> Another facility				
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<p>34. Date and time employee became aware of the incident:</p> <p style="text-align: center;">08/17/2005                      0004 MM/DD/YYYY                      Time(local)</p>	<p>35. Was the Distance Reference Indicator (i.e., J-Ring) being used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																										
<p>36. Were there any distractions or environmental conditions that may have influenced the incident?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide explanation in the incident summary.)</p> <p>(i.e., distractions: construction, equipment installation, presence of visitors, loud or boisterous coworkers, equipment malfunction, and extraneous Conversation w/coworkers; environmental: ambient air, work area layout, temperature, noise, and lighting.)</p>																											

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<div style="display: flex; justify-content: space-between;"> <span>Enter A for OSIC</span> <span style="margin-left: 100px;">C</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Enter C for CIC</span> <span style="margin-left: 100px;"></span> </div>				R D U T 0 5 E 0 0 2
<b>37. Name the OSIC/CIC assigned at the time of the incident?</b>  <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <span style="float: right;">C</span> </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> <span>Last name</span> <span>First name</span> <span>MI</span> <span>SSN (Last 6 digits)</span> </div>		<b>38. Was the assigned OSIC/CIC present in the operational area at the time of the incident?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>39. Did the employee require OSIC/CIC assistance prior to the incident?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>40. Did the assigned OSIC/CIC provide assistance?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Provide explanation in the incident summary.)		
<b>41. If sectors were combined, did the OSIC/CIC approve the combination?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not combined <input checked="" type="checkbox"/> N/A		<b>42. If the positions were combined, did the OSIC/CIC approve the combination?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not combined		
<b>43. In what activity was the assigned OSIC/CIC engaged at the time of the incident?</b>  <input type="checkbox"/> General Supervision <input type="checkbox"/> Administering training <input type="checkbox"/> Direct operational supervision <input type="checkbox"/> Receiving training <input checked="" type="checkbox"/> Working a position of operation <input type="checkbox"/> Other		<b>44. Was the OSIC/CIC certified in the area of specialization where the incident took place?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If no, explain here)		
<b>45. Traffic complexity?</b> 4  <div style="display: flex; justify-content: space-around; border-top: 1px solid black; border-bottom: 1px solid black;"> <span>1</span> <span>2</span> <span>3</span> <span>4</span> <span>5</span> </div> <div style="display: flex; justify-content: space-around;"> <span>Low</span> <span>Avg</span> <span>High</span> </div>		<b>46. Indicate which factor(s) were associated with traffic complexity.</b>  <input checked="" type="checkbox"/> Weather <input type="checkbox"/> Runway configuration <input type="checkbox"/> Terrain <input type="checkbox"/> Runway condition <input type="checkbox"/> Airspace configuration <input type="checkbox"/> Flow control <input checked="" type="checkbox"/> Number of aircraft <input type="checkbox"/> Special Event <input type="checkbox"/> Experience level <input checked="" type="checkbox"/> Other <input type="checkbox"/> Emergency situation <span style="float: right;">*See Appendix*</span>		
<b>47. Type of control provided</b>  <input checked="" type="checkbox"/> Radar <input type="checkbox"/> Tower <input type="checkbox"/> Oceanic <input type="checkbox"/> Nonradar		<b>48. Required separation was by:</b>  <input checked="" type="checkbox"/> FAA Order <input type="checkbox"/> Facility Letter of Agreement (LOA) or Directive FAA Order                      7110.65                      Facility LOA/Directive  Paragraph    4-5-1A & 5-5-4A                      Paragraph		
<b>49. Were any deficient procedures noted as a result of the incident?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain here)		<b>50. Were any special procedures in effect at the time of the incident? (e.g. Traffic Management Program)</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain here)		



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(Complete additional sections if more than two aircrafts are involved)												
51. Number of aircraft involved in the incident:		2										
	<b>Aircraft No. 1</b>	<b>Aircraft No. 2</b>										
52. Identification	EGF721					COM1573						
53. Prefix/type/suffix	E135/Q					CRJ1/Q						
54. Flight profile or vehicle position at time of incident	<input type="checkbox"/> Descending <input type="checkbox"/> Making approach <input type="checkbox"/> Touching down <input type="checkbox"/> Radar vector <input type="checkbox"/> Level flight <input type="checkbox"/> Takeoff roll <input type="checkbox"/> Taxiing-runway <input type="checkbox"/> Landing roll <input type="checkbox"/> Climbing <input type="checkbox"/> Holding in position on runway <input checked="" type="checkbox"/> Other      LEVELING FROM DESCENT					<input type="checkbox"/> Descending <input type="checkbox"/> Making approach <input type="checkbox"/> Touching down <input type="checkbox"/> Radar vector <input type="checkbox"/> Level flight <input type="checkbox"/> Takeoff roll <input type="checkbox"/> Taxiing-runway <input type="checkbox"/> Landing roll <input type="checkbox"/> Climbing <input type="checkbox"/> Holding in position on runway <input checked="" type="checkbox"/> Other      LEVELING FROM CLIMB						
55. Aircraft ground speed	<input type="checkbox"/> N/A <u>266</u> Knots					<input type="checkbox"/> N/A <u>278</u> Knots						
56. TCAS equipped	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
57. Evasive action	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> TCAS <input type="checkbox"/> Unknown					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TCAS <input type="checkbox"/> Unknown						
58. Did the pilot file a Near Midair Collision Report	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
59. Aircraft and Obstruction/Obstacles												
<input type="checkbox"/> Terrain <input type="checkbox"/> Vehicle(s) <input type="checkbox"/> Personnel <input type="checkbox"/> Obstruction <input type="checkbox"/> Equipment <input type="checkbox"/> Protected Airspace <input type="checkbox"/> Airport Movement Area (explain) <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Other (explain)												
60. Was equipment layout or design a factor in the incident?						61. Was any pertinent equipment operated by the controller(s) reported as functioning unsatisfactorily before the incident?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain in the incident summary)						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, explain in the incident summary)						
62. System(s) in use:												
<input type="checkbox"/> Narrowband <input checked="" type="checkbox"/> ASR-9 <input type="checkbox"/> ASDE II <input checked="" type="checkbox"/> STARS <input type="checkbox"/> ARTS IIIA <input type="checkbox"/> Broadband <input type="checkbox"/> ASR-11 <input type="checkbox"/> ASDE III <input type="checkbox"/> STARS on ARTS <input type="checkbox"/> ARTS IIE <input type="checkbox"/> DARC <input type="checkbox"/> URET <input type="checkbox"/> AMASS <input type="checkbox"/> ACDs on ARTS <input type="checkbox"/> ARTS IIIE <input type="checkbox"/> CENRAP <input type="checkbox"/> OASIS <input type="checkbox"/> D-BRITE <input type="checkbox"/> DSR <input type="checkbox"/> EARTS <input type="checkbox"/> Mode S <input type="checkbox"/> Model1 <input type="checkbox"/> BRITE IV <input type="checkbox"/> Other												
63. Was radar transition from one system to another in progress?						64. What was the status of the conflict alert at the time of the incident?						
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      (If yes, explain here)						<input type="checkbox"/> Activated <input type="checkbox"/> Not available <input checked="" type="checkbox"/> Not activated <input type="checkbox"/> Not installed <input type="checkbox"/> Suppressed						

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65. SUMMARY OF INCIDENT		
TIMELINE OF EVENTS		
ALL TIMES LOCAL. ALL ALTITUDES MSL. ALL AIRCRAFT POSITION REPORTS DERIVED FROM RDU STARS/NOS DATA.		
RDU METAR 170400Z 08006KT 7SM -TSRA BKN040CB OVC060 23/22 A3002.		
2354	COM1573 CONTACTED RALEIGH CAB COORDINATOR, REPORTED READY FOR TAXI. CC ISSUED COM1573 TAXI CLEARANCE TO RUNWAY 5R. COM1573 READBACK WAS CORRECT.	
2357	EGF721 CONTACTED CC, REPORTED RDU ATIS E, 12,000, HEADING 250 FOR WEATHER. CC ADVISED EGF721 EXPECT RUNWAY 5L. EGF721 READBACK WAS CORRECT. EGF721 WAS RDU046044, LEVEL 11,900, HEADING 253, AT 359 KNOTS.	
2359:08	EGF721 REQUESTED DESCENT TO AVOID WEATHER/TURBULENCE. CC INSTRUCTED EGF721 DESCEND AND MAINTAIN 7,000. EGF721 READBACK WAS CORRECT.	
2359:21	COM1573 REPORTED READY FOR DEPARTURE, AND REQUESTED 020 HEADING (WEATHER). CC ISSUED COM1573 DEPARTURE HEADING 020, AND RUNWAY 5R TAKE OFF CLEARANCE. COM1573 READBACK WAS CORRECT.	
0000:10	CC INSTRUCTED EGF721 "...WHEN ABLE FLY HEADING 210." EGF721 READBACK WAS CORRECT. EGF721 WAS RDU030030, DESCENDING 11,000, HEADING 249, REDUCING 323 KNOTS.	
0002:12	CC RADAR IDENTIFIED COM1573, AND VERIFIED CURRENT AND CORRECT BEACON CODE. COM1573 WAS RDU018004, CLIMBING 4,600, HEADING 015, INCREASING 172 KNOTS. SEPARATION FROM EGF721: 036/017.18	
0003:27	COM1573 LEVELED AT ASSIGNED 7,000. SEPARATION FROM EGF721: 001/008.08.	
0003:46	EGF721 ASKED CC IF THERE WAS TRAFFIC IN HIS VICINITY.	
0003:52	CC RESPONDED, "YES".	
0003:57	CC INSTRUCTED COM1573 TURN LEFT HEADING 320.	
0004:00	EGF721 REPORTED, "WE'RE GETTING AN R A FOR SEVEN TWENTY ONE."	
0004:01	COM1573 RESPONDED, "...WE'RE UH CLIMBING FOR UH TRAFFIC ADVISORIES." COM1573 WAS CLIMBING THROUGH 7,100.	
0004:02	LOSS OF SEPARATION BETWEEN EGF721 AND COM1673: 002/002.79.	
0004:07	CC INSTRUCTED EGF721 TURN TEN DEGREES LEFT. EGF721 READBACK WAS CORRECT.	



<b>Final Operational Error/Deviation Report</b>	Report Number
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65. SUMMARY OF INCIDENT (continued from page 5)

0004:12      PCP: 007/001.61.

0004:16      SEPARATION RE-ESTABLISHED BETWEEN COM1573 AND EGF721:  
011/001.69.

0004:50      COM1573 STARS AUTO-ACQUIRE AT RDU014015, DESCENDING 7,500,  
HEADING 348, AT 291 KNOTS.

0005-0010      COM1573 PROCEEDED ON PACK5 DEPARTURE TO LIBERTY VOR. CC  
TRANSFERRED CONTROL OF, AND COMMUNICATIONS WITH, COM1573 TO WASHINGTON  
LIBERTY SECTOR. COM1573 CLIMBED ABOVE, AND DEPARTED, RDU AIRSPACE WITH NO  
FURTHER INCIDENT.

0005-0016      EGF721 PROCEEDED VISUAL APPROACH, LANDED RUNWAY 5L, AND TAXIED  
TO TERMINAL C WITH NO FURTHER INCIDENT.

SUMMARY OF EVENTS

DURING THE PERIOD 2350-0005 LOCAL, THE SPECIALIST WORKED 12 AIRCRAFT. AT THE

66. INVESTIGATORS

Date	Typed/Printed Name	Signature								
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;">0</td><td style="width: 15px; height: 15px;">8</td><td style="width: 15px; height: 15px;">3</td><td style="width: 15px; height: 15px;">0</td><td style="width: 15px; height: 15px;">2</td><td style="width: 15px; height: 15px;">0</td><td style="width: 15px; height: 15px;">0</td><td style="width: 15px; height: 15px;">5</td> </tr> </table> MM/DD/YYYY	0	8	3	0	2	0	0	5	PRESTON L WILLIAMS <hr/> First/MI/Last Name	<hr/> Investigator-in-Charge
0	8	3	0	2	0	0	5			
<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td><td style="width: 15px; height: 15px;"> </td> </tr> </table> MM/DD/YYYY									<hr/> First/MI/Last Name	<hr/> Team Member
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## Final Operational Error/Deviation Report

Report Number

R D U T 0 5 E 0 0 2

## 65. SUMMARY OF INCIDENT (continued from page 6)

TIME OF THE LOSS OF SEPARATION (0004 LOCAL) THE SPECIALIST HAD CONTROL/SEPARATION RESPONSIBILITY FOR 9 AIRCRAFT (ONE DEPARTURE, SIX ARRIVALS, AND TWO GROUND TAXIS). COMPLEXITY LEVEL WAS MODERATELY DIFFICULT.

BLOCK 4. WEATHER CELLS AND THUNDERSTORMS IN RDU TRACON AIRSPACE PRESENTED SPECIALIST WITH PILOT REQUESTS FOR DEVIATIONS, AND RESULTED IN AIRCRAFT 'A' BEING VECTORED OFF STANDARD ARRIVAL ROUTE, PRESENTING CONFLICT WITH AIRCRAFT 'B'.

BLOCKS 30, 31 & 32. DURING SEPARATE INTERVIEWS WITH THE SUPPORT MANAGER, AND THE SPECIALIST'S SUPERVISOR, CC SPECIALIST STATED HE WAS OCCUPIED WITH RECTIFYING COM1573 NON-STARS AUTO-ACQUISITION AND LACK OF ACTIVE FLIGHT PLAN. HE BECAME AWARE OF A POTENTIAL LOSS OF SEPARATION WHEN QUESTIONED BY AIRCRAFT 'A'. HOWEVER, THIS WAS MERELY 16 SECONDS BEFORE LOSS OF SEPARATION IN NEARLY AN OPPOSITE DIRECTION/CONVERGING SITUATION. SPECIALIST CONTEMPLATED CORRECTIVE ACTION WHILE AIRCRAFT 'A' AND 'B' BOTH REPORTED AND ACTED UPON TCAS RA. SPECIALIST TOOK ADDITIONAL CORRECTIVE ACTION WITH ISSUANCE WITH RADAR VECTORS TO ATTAIN DIVERGENCE AND MAINTAIN/REGAIN SEPARATION.

BLOCK 36. IN STARS AUTOMATION SOFTWARE, AN AIRCRAFT TRANSMITTING A BEACON CODE NOT RECOGNIZED BY THE SYSTEM WILL BE DISPLAYED AS A LIMITED DATA BLOCK (\* SYMBOL AND ALTITUDE) WITH THE WORD "WHO". "WHO" WAS NOT DISPLAYED FOR COM1573. THIS WAS A KNOWN PROBLEM WITH STARS BUILD R9B, AND HAS SINCE BEEN CORRECTED BY BUILD R11, WHICH IS NOW OPERATIONAL AT RDU ATCT.

BLOCK 40. AT THE TIME OF THE INCIDENT, THE CIC WAS ON POSITION FOR 79 MINUTES AND WAS WORKING A CONTROL POSITION DURING THE FACILITY'S SINGLE PERSON MID WATCH. THEREFORE, NO CIC ASSISTANCE WAS PROVIDED.

THE CIC REPORTED A POSSIBLE LOSS OF SEPARATION. RDU SUPPORT MANAGER INITIATED A PRELIMINARY INVESTIGATION.

RDU CONFLICT ALERT DID NOT ACTIVATE SINCE COM1573 WAS NOT RDU STARS-TRACKED. RDU IS STILL INVESTIGATING THE LACK OF MODE C INTRUDER ALERT/NOTIFICATION REGARDING THESE TWO AIRCRAFT.

LACK OF RDU STARS AUTO-ACQUISITION OF AIRCRAFT "B" WAS TRACED TO TWO FLIGHT PLANS IN NAS SYSTEM. STARS DID NOT ALLOW SECOND FLIGHT PLAN TO ENTER. NAS REMOVED FIRST FLIGHT PLAN FROM STARS, BUT DID NOT AUTOMATICALLY RE-FORCE SECOND FLIGHT PLAN TO STARS.

## CAUSAL FACTORS

THE PRIMARY CAUSAL FACTORS ARE RELATED TO CONTROLLER SITUATIONAL AWARENESS AND ACTIONS. SPECIFICALLY, THE CC SPECIALIST'S FAILURE TO MAINTAIN CONSTANT SURVEILLANCE AND AWARENESS OF THE STARS DATA DISPLAYS AND TRAFFIC SITUATION,

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**Part II. FACILITY MANAGER ACTION**

67. Select the category of the operational error/deviation. (more than one category may be possible)

- Procedural     
  Equipment     
  ATCS     
  Manager/Supervisor/Other Personnel

68. Causal Factors	No	Yes(Employee)				
		A	B	C	D	E
<b>A. Data Posting</b>	<input checked="" type="checkbox"/>					
(1) Computer Entry	<input type="checkbox"/>					
Incorrect input		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorrect update		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature termination of data		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input/Update not made		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Flight Progress Strip	<input type="checkbox"/>					
Not updated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreted incorrectly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posted incorrectly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updated incorrectly		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature removal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Radar Display</b>	<input type="checkbox"/>					
(1) Misidentification	<input type="checkbox"/>					
Failure to reidentify aircraft when the accepted target identity becomes questionable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overlapping data blocks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of incomplete or difficult to correlate position information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Inappropriate Use of Displayed Data	<input type="checkbox"/>					
MODE C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRITE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict alert		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to detect displayed data		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to comprehend displayed data		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to project future status of displayed data		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Aircraft Observation (Towers Only)</b>	<input checked="" type="checkbox"/>					
(1) Actual Observation of Aircraft		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Improper Use of Visual Data	<input type="checkbox"/>					
Landing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Off		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Operation	<input type="checkbox"/>					
Taxiing across runway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding in position for takeoff		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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	No	Yes(Employee)				
		A	B	C	D	E
<b>D. Communication Error</b>	<input checked="" type="checkbox"/>					
(1) Phraseology		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Transposition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Misunderstanding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Read back	<input type="checkbox"/>					
Altitude		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Acknowledgement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Coordination</b>	<input checked="" type="checkbox"/>					
(1) Area of Incident	<input type="checkbox"/>					
Intra-sector/position		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-sector/position		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-facility		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility type: _____ Level: _____ and facility ID: _____						
(2) Failure to utilize/comply with precoordination information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Improper use of information exchanged in coordination	<input type="checkbox"/>					
Aircraft Identification		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altitude/Flight Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Route of Flight		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeds		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APREQs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Instructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Failure to coordinate between ground and local control	<input type="checkbox"/>					
Crossing active runway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle, equipment, or personnel on active runway		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of other than active runway for arrival and departures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runway closure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Position Relief Briefing</b>	<input checked="" type="checkbox"/>					
(1) Employee did not use position relief checklist		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Employee being relieved gave incomplete briefing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Relieving employee did not make use of pertinent data exchanged at briefing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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69. FACILITY MANAGER'S RECOMMENDATIONS AND CORRECTIVE ACTIONS												
<p>BOTH THE EMPLOYEE'S OPERATIONS SUPERVISOR, AND THE RDU ATCT QUALITY ASSURANCE OFFICE CONDUCTED A COMPREHENSIVE INVESTIGATION OF THE CIRCUMSTANCES OF THIS INCIDENT. THE QUALITY ASSURANCE INVESTIGATION INCLUDED A THOROUGH REVIEW OF OCCURRENCE SPECIFIC AUDIO TAPE AND COMPUTER DATA PLOTS/INFORMATION, CAUSAL FACTORS, TRAINING RECORDS, CONTROLLER STATEMENTS, OPERATIONAL STAFFING, EQUIPMENT LAYOUT, FAA DIRECTIVES AND LOCAL PROCEDURES/PRACTICES. ADDITIONALLY, THE SPECIALIST WAS INTERVIEWED. THE INVESTIGATIVE RESULTS AND RECOMMENDATIONS WERE THEN PRESENTED TO THE ATM, AATM AND SM.</p> <p>AFTER AN ALL-INCLUSIVE REVIEW OF THE FACTS AND FAAOS 7110.65, 7210.3, 7210.56, AND 3120.4 REQUIREMENTS, A REMEDIAL TRAINING PLAN ADDRESSING THE SPECIFIC NEEDS OF THE SPECIALIST WAS DEVELOPED AND ADMINISTERED BY THE SPECIALIST'S OPERATIONS SUPERVISOR. THE SPECIALIST WAS PROVIDED, AND SUCCESSFULLY COMPLETED, THE FOLLOWING:</p> <p>A. A PERFORMANCE SKILL CHECK OF THE GROUND CONTROL EAST POSITION PRIOR TO WORKING IN THE TOWER AREA OF OPERATION.</p> <p>B. A COMPLETE REVIEW OF THE OPERATIONAL ERROR AND IDENTIFIED OPERATIONAL PERFORMANCE DEFICIENCIES.</p> <p>C. FAA COMPUTER-BASED INSTRUCTION COURSE 57052, SITUATIONAL AWARENESS</p> <p>D. A FORTY MINUTE CLASSROOM IN-DEPTH REVIEW OF FAAO 7110.65, PARS.</p> <ul style="list-style-type: none"> <li>- 5-5-7A, PASSING OR DIVERGING COURSES</li> <li>- 4-5-1A, VERTICAL SEPARATION MINIMA</li> <li>- 5-5-4A, RADAR SEPARATION MINIMA</li> </ul> <p>E. DISCUSSION REGARDING THE IMPLICATIONS OF BEING DISTRACTED BY SURROUNDINGS OR BY EVENTS THAT MAY TAKE AWAY FROM ALERTNESS WHILE ON POSITION.</p> <p>THE SPECIALIST'S OPERATIONS SUPERVISOR ADMINISTERED EXTENSIVE AND SUCCESSFUL PERFORMANCE SKILL CHECKS OF THE SPECIALIST AT BOTH THE NORTH DEPARTURE RADAR POSITION OF OPERATION IN THE TRACON, AND THE LOCAL CONTROL EAST POSITION OF OPERATION IN THE TOWER, DURING A PERIOD OF MODERATE OF GREATER VOLUME / COMPLEXITY. THE SPECIALIST HAS RETURNED TO FULL OPERATIONAL DUTY.</p> <p>WITHIN 30 DAYS OF THE ABOVE-MENTIONED PERFORMANCE SKILL CHECK, FOLLOW-UP PERFORMANCE SKILL CHECKS WILL BE CONDUCTED ON A RADAR POSITION OF OPERATION, AND A LOCAL CONTROL POSITION OF OPERATION.</p> <p>THE EMPLOYEE AND NATCA HAVE BEEN FURNISHED WITH COPIES OF THIS REPORT AND</p>												
Date		Typed/Printed Name of Facility Manager				Signature						
0   9   2   8   2   0   0   5		RICHARD A BELMONTE										
MM/DD/YYYY		First/MI/Last Name										

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69. FACILITY MANAGER'S RECOMMENDATIONS AND CORRECTIVE ACTIONS (continued from page 10)

HAVE OFFERED NO COMMENT.

AN OPERATIONAL BRIEFING WILL BE DISTRIBUTED TO THE CONTROLLER WORK FORCE PRESENTING THE TOP 10 CAUSAL FACTORS OF OPERATIONAL ERRORS / DEVIATIONS NATIONWIDE. THE BRIEFING WILL ALSO DESCRIBE THE EVENTS LEADING TO/CAUSAL FACTORS OF THIS OCCURRENCE, AND METHODS TO AVOID A RECURRENCE.



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Part III. AIR TRAFFIC DIVISION MANAGER

70. AIR TRAFFIC DIVISION MANAGER'S CONCLUSIONS/RECOMMENDATIONS

We concur with the recommendations and corrective actions of the facility manager.

Date	Typed/Printed Name of Division Manager	Signature
09282005 MM/DD/YYYY	JOHN G MCCARTNEY First/MI/Last Name	

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**70. AIR TRAFFIC DIVISION MANAGER'S CONCLUSIONS/RECOMMENDATIONS (continued from page12)**



**19. Has training been received within the last 12 months that is relevant to the incident? (Employee 1 )**

(1) REFRESHER                      (2) SUPPLEMENTAL                      (3) REMEDIAL

- (1) 6-27-05, QA BASICS AND BEYOND - COMPLACENCY
- (1) 6-3-05, QA BASICS AND BEYOND - SITUATIONAL AWARENESS
- (1) 4-22-05 - QA DVRS TAPE REVIEW
- (1) 4-7-05 - WEATHER BRIEFING
- (1) 3-21-05, 100 DAY OE-FREE BRIEFING/CAUSAL FACTORS
- (1) 3-18-05, QA BASICS AND BEYOND - CONTROL RULES
- (1) 3-10-05, QA BASICS AND BEYOND - YOUR FULL ATTENTION
- (1) 2-10-05, QA WEEKLY OE/D DIGEST, NATIONAL
- (1) 2-3-05, QA BASICS AND BEYOND - TRAFFIC ALERTS/ADVISORIES
- (1) 2-3-05, QA BASICS AND BEYOND - DUTY PRIORITIES
- (1) 1-8-05, QA BASICS AND BEYOND - WEATHER DEVIATIONS
- (1) 12-6-04, QA BASICS AND BEYOND - LESSONS LEARNED
- (1) 12-2-04, QA BASICS AND BEYOND - HOW IS YOUR MEMORY?
- (1) 10-19-04, OE/D CAUSAL FACTORS

**46. Indicate which factor(s) were associated with traffic complexity.**

NON-STARS AUTO ACQUISITION OF DEPARTURE AIRCRAFT

**65. Summary Of Incident (continued from page 7)**

FAILURE TO COMPREHEND AND PROJECT THE FUTURE STATUS OF DISPLAYED DATA, AND FAILURE TO PROVIDE ATTENTION TO DETAIL NECESSARY FOR THE SAFE OPERATION OF AIRCRAFT UNDER CONTROL. THIS LED TO A LOSS OF APPROPRIATE VERTICAL/LATERAL SEPARATION (FAAO 7110.65P, PAR. 4-5-1A., VERTICAL SEPARATION MINIMA; AND PAR. 5-5-4B., RADAR SEPARATION MINIMA) WHEN THE FLIGHT PATHS OF EGF721 AND COM1573 CONVERGED AND STANDARD SEPARATION WAS NOT MAINTAINED UNTIL COM1573 RESPONDED TO TCAS RA AND CLIMBED ABOVE ASSIGNED ALTITUDE. SEPARATION WAS REESTABLISHED WHEN VERTICAL SEPARATION WAS OBTAINED, AS PROVIDED BY FAAO 7110.65P, PAR. 4-5-1A., VERTICAL SEPARATION MINIMA. THERE WERE NO OTHER CAUSAL FACTORS THAT LED TO THIS ERROR.

## PREVENTION

THIS OPERATIONAL ERROR COULD HAVE BEEN PREVENTED BY:

1. ADHERE TO FACILITY STANDARD OPERATING PRACTICES BY DESCENDING ARRIVAL AIRCRAFT "A" TO 8,000, WHICH PROVIDES ALTITUDE SEPARATION FROM DEPARTURE TRAFFIC CLIMBING TO 7,000.
2. ACTIVE VIEWING/ANALYZING DISPLAYED STARS DATA WHEN ISSUING AIRCRAFT "A" A TURN DIRECTLY TOWARD RDU, WHEN JUST 49 SECONDS PRIOR AIRCRAFT "B" WAS ISSUED A DEPARTURE HEADING TOWARD THIS GENERAL VICINITY.
3. A MORE EFFICIENT OPERATIONAL SCAN. AS A MINIMUM, PAYING CLOSER ATTENTION TO THE DETAILS AND INFORMATION PROVIDED BY THE STARS DATA



DISPLAY/BLOCKS DURING PERIODIC SCAN OF TRAFFIC SITUATION MAY SPARK A THOUGHT OR TRIGGER SHORT TERM MEMORY, IN TURN ENSURING CONFLICTS HAVE NO OPPORTUNITY TO DEVELOP.