



**AIDS TO NAVIGATION DEFECT REPORT**

Revision 02

Approved By CEO

**FORM  
SC&R-07-6**

SENDER: .....

DATE OF OBSERVATION: .....

NAME OF VESSEL: .....

LOCATION: .....

PHONE: .....FAX: .....E-MAIL: .....

GENERAL LOCALITY: .....

SUBJECT: .....

LATITUDE: ..... LONGITUDE: .....

DETAILS: .....

.....

.....

CHART(S) AFFECTED: .....

POSITION FIXING SYSTEM USED: .....

SIGNATURE OF OBSERVER/REPORTER: .....

*FOR OFFICIAL USE*

**Action taken**.....

**Fiji Coastal Navigational Warning issued:** ..... **Date:** .....

**Date maintenance completed:** .....

**Comments:** .....

.....

**Signature:** ..... **Date:** .....