

SAFETY/HAZARD REPORT FORM

Part A - To be completed by the person identifying the safety issue or hazard:

Date of Event:		Local Time:	
Location:			
Name of Reporter:		Email Address of Reporter:	

Please fully describe the event or identified hazard:

Include your suggestions on how to prevent similar occurrences.

In your opinion, what is the likelihood of such an event or similar happening or happening again? (delete as appropriate)

Improbable Remote Occasional Probable Frequent

What do you consider could be the worst possible consequence if this event did happen or happened again? (delete as appropriate)

Negligible Minor Major Hazardous Catastrophic

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Part B - To be completed by the Safety Manager.

The report has been de-identified and logged.

Report Reference:			
Signature:		Date:	
Name:			

Part C To be completed by the Safety Manager.

Severity of Potential consequence	Probability of Occurrence	Risk Tolerability

Is this event reportable to the Competent Authority? (delete as appropriate) (ORA.GEN.160/ORO.GEN.160)	YES	NO
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Date and time of reported event to the IAA/NAA	Date:	
	Time:	UTC

What action or actions have been or are being taken to prevent the issue or hazard from occurring in the future and/or to mitigate its consequences?

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Agreed and accepted by:

Responsible manager	Date:

Follow up action required:

Appropriate feedback given to reporter by Safety Manager:

Signature:

Date:

Risk Register updated by Safety Manager:

Signature:

Date:

END OF REPORT