

Voluntary Safety Report

The information supplied in this form will only be used to enhance safety. You may choose to not provide your name. If you do provide your name, upon receipt of this form your name and position will be removed and discarded. Under no circumstances will your identity be disclosed to any person in the airport or to any other organization, agency or person without your express permission.

When you have completed your part of the form, it should be given to the Airport Safety Officer or any member of the Airport Safety Committee.

Name: _____

Organization Position: _____

[Name and position to be discarded by the Safety Officer]

PART A TO BE COMPLETED BY THE PERSON IDENTIFYING THE HAZARD

Please fully describe the Hazard.

Date of occurrence: _____ Time: _____

Location: _____

Description: _____

In your opinion, what is the likelihood of a similar occurrence happening again?

Likely

1

2

3

4

Rare

5

What do you consider could be the worse possible consequence if this occurrence did happen again?

Catastrophic

1

2

3

4

Minor damage

5

PART B
TO BE COMPLETED BY THE SAFETY OFFICER

The report has been de-identified and entered into the company database

Signature: _____ Date: _____

Name _____

Rate the likelihood of the hazard recurring

Very Likely

1

2

3

4

Rare

5

Rate the worst-case consequences

Catastrophic

1

2

3

4

Minor Damage

5

What action is required to ELIMINATE or CONTROL the hazard and PREVENT injury?

Resources Required: _____

Responsibility for action: _____

Referred to _____ for further action.

Signature: _____ Date: _____

Forwarded to the Airport Safety Committee for review.

Signed: _____ Date: _____

Appropriate Feedback given to staff.

Signed _____ Date _____