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| SAFETY REPORT FORM | | | | | | | | | |
| **DATE** |  | | | | **SUBMITTED BY** | |  | | |
| This form should be sent to the Safety Manager using the email on the OREF Sheet. A plain email with the relevant fields is also acceptable. | | | | | | | | | |
| This report relates to: | | | | | \_\_\_\_ An actual safety related occurrence  \_\_\_\_ A general safety concern  \_\_\_\_ A safety improving proposal | | | | |
| If the safety report addresses an actual incident or occurrence the following fields should be filled in: | | | | | | | | | |
| **OCC. DATE** |  | | **AIRCRAFT TYPE** |  | | **AIRCRAFT REGISTRATION** | | |  |
| **DEPARTURE AIRPORT** |  | | | **ARRIVAL AIRPORT** | |  | | | |
| **DEPARTURE TIME** |  | | **TIME OF**  **OCCURENCE** |  | | **PILOT IN**  **COMMAND** | | |  |
| **DESCRIPTION:**  For safety reports addressing an actual incident or occurrence the report must include a description of the occurrence and action taken. The description should include as relevant a description of weather conditions, instrument readings and all other relevant observations.  Safety concerns or proposals for improving safety should describe the concern/proposal | | | | | | | | | |
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| **SAFETY MANAGERS ASSESSMENT** | | | | | | | | | |
| **ASSESSMENT DATE:** | |  | | | **RISK/SEVERITY CLASSIFICATION** | | |  | |
| **ASSESSMENT AND MITIGATION MEASURES:** | | | | | | | | | |
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| **FOLLOW UP DATE**  **(if applicable)** | |  | | | **CASE CLOSED DATE** | | |  | |