



Department of Aviation Safety Reporting Form

Operational Risk Management = Flight & Ground Safety

(Ref # for Internal Use Only)

**THIS FORM MUST BE SUBMITTED AS SOON AS POSSIBLE
TO DISPATCH AFTER THE OCCURANCE**

DATE/TIME RECEIVED

STUDENT	FLIGHT INSTRUCTOR	TODAY'S DATE
DATE OF EVENT (MM/DD/YYYY)	APPROX. LOCAL TIME OF EVENT	DUTY INSTRUCTOR AT TIME OF EVENT
YOUR AIRCRAFT TYPE	A/C REG. #	TYPE OF TRAINING ACTIVITY DUAL / SOLO / DXC / SXC / OTHER
LOCATION OF EVENT	FLIGHT COURSE	
OTHER A/C INVOLVED REG. #	OTHER A/C INVOLVED REG. #	

PHASE OF OPERATING (CIRCLE IF APPLICABLE)

PARKED – RAMP – TAXI-OUT – TAKEOFF – INITIAL CLIMB OUT – CLIMB – CROSSWIND – CRUISE – HOLDING – DESCENT

PATTERN ENTRY – DOWNWIND – BASE – FINAL – SHORT-FINAL – LANDING – ROLLOUT – TAXI-IN – OTHER: _____

RUNWAY # (IF APPLICABLE)

RWY. CONDITION (IF APPLICABLE)

DRY – WET – OTHER: _____

INFLIGHT/ AIRFIELD WX

VFR – IFR – OTHER: _____

AIRCRAFT ALTITUDE (SPECIFY MSL/AGL)

Event Title (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aborted Takeoff | <input type="checkbox"/> Engine Shutdown | <input type="checkbox"/> Loss of Braking | <input type="checkbox"/> Wing Strike |
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Engine System | <input type="checkbox"/> Lost/Disoriented | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Bird/Wildlife strike | <input type="checkbox"/> FOD | <input type="checkbox"/> NMAC/ATC Incident | <input type="checkbox"/> Runway Excursion |
| <input type="checkbox"/> Comm./Nav. Failure | <input type="checkbox"/> Fuel Qty. | <input type="checkbox"/> Operating Procedures | <input type="checkbox"/> Runway Incursion |
| <input type="checkbox"/> Crew Illness | <input type="checkbox"/> Fuel System | <input type="checkbox"/> PAX Illness/Injury | <input type="checkbox"/> Wake Turbulence |
| <input type="checkbox"/> Elec. System | <input type="checkbox"/> Gear System | <input type="checkbox"/> Prop Strike | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Handling Difficulty | <input type="checkbox"/> Tail Strike | <input type="checkbox"/> Other/ Non-flying issue |

Event Description (including any relative factors such as weather, ATC, airfield facilities, etc.)

Use additional sheets if necessary

OVER →

SUGGESTIONS:

MARK PASSAGE OF AIRCRAFT RELATIVE TO YOU, IN PLAN VIEW ON LEFT AND IN ELEVATION VIEW ON THE RIGHT, ASSUMING YOU ARE AT THE CENTER OF EACH DIAGRAM:



VIEW FROM ABOVE



VIEW FROM BEHIND

PILOT/ATC ASSESSMENT:

SEVERITY OF RISK	LOW	MEDIUM	HIGH
AVOIDING ACTION TAKEN	YES	NO	
REPORTED TO ATC?	YES	NO	
FREQUENCY IN USE?	_____		

PILOT SIGNATURE	_____	DATE	_____
INSTRUCTOR SIGNATURE	_____	DATE	_____

CORRECTIVE ACTION TAKEN (OFFICE USE ONLY)

	Negligible	Marginal	Critical	Catastrophic
Certain	High	High	Extreme	Extreme
Likely	Moderate	High	High	Extreme
Possible	Low	Moderate	High	Extreme
Unlikely	Low	Low	Moderate	Extreme
Rare	Low	Low	Moderate	High