

Hazard and Incident Reporting Form
Email to Aviationsafety@se.edu

The information supplied in this form will only be used to promote safety. Your name is optional. If you do provide your name, your identity will be removed before dissemination. An email reply will follow. Under no circumstances will your identity be disclosed to any university personnel, any other organization, agency, or person without your express permission.

Complete only **Part A** of the form, then submit it to the SASI Safety Manager—paper copy or email.

Name: _____ Email: _____

Position: _____ [Only Safety Manager has access to name/position]

Report Number: _____ Date Received: _____

PART A:

Please fully describe the Hazard or Incident.

Incident Type: Airborne _____ Bird strike _____ Ground _____ Line Service _____ Fueling _____
Hangar/Maintenance _____ Aircraft Tugging/Towing _____ Fire _____ Vehicle _____

Date of occurrence: _____ Time: _____ Injuries _____
Vehicle/Aircraft Type & registration: _____ Location: _____

If Aircraft related: Dual/Solo: _____ Day/Night _____ VFR/IFR _____ Taxi _____ Takeoff _____
Landing _____ Cross Country _____ Practice Area _____ Traffic Pattern _____
Weather: Ceilings: _____ ft Visibility _____ nm Wind Direction _____ Wind Speed _____ kts
NASA (ASRS) Report Filed? _____ FAA Contacted _____ NTSB Contact _____

Description of incident or hazard *(Use other sheet if needed to fully describe the event- include pictures and diagrams):*

Contributing Factors:

Were Procedures followed? (SOPs, FAR, POH):

Suggested actions to be taken to prevent this in the future:

SMS Safety Report Number: _____

To be filled out and filed by Safety Manager:

**PART B:
Actions & Recommendations of the Safety Manager or Safety Committee**

The report has been de-identified, entered into the safety database on Blackboard, and a response emailed if necessary.

Signature: _____ Date: _____

Probability of the hazard recurring (SASI Risk Matrix)

Frequent 30 days P5	Occasional 6 months P4	Seldom 1 year P3	Remote 5 years P2	Improbable > 5 years P1
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Worst-case consequences (SASI Risk Matrix)

Catastrophic S5	Critical S4	Concerning S3	Minor S2	Negligible S1
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Risk Matrix

Likelihood		Very Likely	Likely	Unlikely	Highly Unlikely
Consequences	Fatality	High	High	High	Medium
	Major Injuries	High	High	Medium	Medium
	Minor Injuries	High	Medium	Medium	Low
	Negligible Injuries	Medium	Medium	Low	Low

Risk Determination Matrix: _____

Assessed Safety Risk: High—Serious—Moderate—Minor—Low

Suggested Action:

Actions taken regarding the incident or hazard:

Responsibility for action (who): _____

Signature: _____ Date: _____

Safety Committee review:

Signed: _____ Date: _____