



6.3 Voluntary Safety Report



Voluntary Safety Report

Safety and Quality Department

The information supplied in this form will only be used to enhance safety. You may to not provide your name. if you do provide your name. upon receipt of this form your name & position will be removed discarded. Under no circumstances will your identify 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 safety Manager or any member of the company safety committee. It may also be dropped in the drop boxes provided for the purpose at various locations.

Name (Optional):

Position (Optional):

(Name and position, if provided, to be discarded by the safety Manager before processing this form further)

PART A

TO BE COMPLETED BY THE PERSON IDENTIFYING THE HAZARD

Please fully describe the Hazard.

Date of Occurrence:

Time:

Location of Hazard:

Description:

.....

Suggestions of Corrective Actions:

.....

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

Rare 1 2 3 4 Likely 5

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

Minor Damage 1 2 3 4 Catastrophic 5



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PART B

TO BE COMPLETED BY THE SAFETY DEPARTMENT

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

Signature:

Date:

Name:

Rate the likelihood of the hazard recurring

Rare					Likely
1	2	3	4		5

Rate the worst case consequences

Minor Damage					Catastrophic
1	2	3	4		5

What action is required eliminate or control the hazard and prevent injury.

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Resources Required:

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Responsibility for Action:

.....
Referred tofor further action.

Signature:

Date:

Forwarded to the safety committee for review.

Signed:

Date:

Appropriate feedback given to the staff.

Signed:

Date:

Suggestions for corrective actions:

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