**Occurrence Report**

To be completed by the person identifying the safety issue or hazard

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| **Date of Event:** |  |
| **Local Time:** |  |
| **Location:** |  |
| **Name of Reporter:** |  |
| **Flight School:** |  |

**Please fully describe the event or identified hazard:**

Include your suggestions on how to prevent similar occurrences

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In your opinion, what is the likelihood of such an event, or a similar event, happening again?

Unlikely (1) Probable (2) Likely (3)

What do you consider to be the worst possible consequence if this event happened again?

Negligible or Minor incident (1) Serious Incident (3) Fatality (5)

\*\*\*\*\* END \*\*\*\*\*

Note:

For Safety Department:

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| **Root Cause** |
| *To ascertain root cause, ask the question Why 5 times* |
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| **Corrective Action** |
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| **Preventive Action**  |
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