

AERODROME EVENT REPORT FORM

When to Use this Form: To report any Aerodrome Event.

Note: If an injury was sustained or there was a Health & Safety Risk due to the incident described in this report an "Event report Form" FRM- 002 must also be completed

Note: This Form Is Only To Be Used For The Incident Types Detailed In **Section E** Of This Form.
For all other incident categories complete "Event report Form" - FRM-002

Section A - Location Details:

Report Type:	Report – Aerodrome Incident	Location: <small>(Circle Location)</small>	<input type="checkbox"/> Darwin <input type="checkbox"/> Alice Springs <input type="checkbox"/> Tennant Creek
Work Area:			
Location:			
Match information provided above to the available filters when entering into RMSS. If no suitable filter is available contact HSE Department - Ext 969			

Section B - Incident Occurrence Details:

Date of Incident	Time of Incident	Incident Type Aerodrome Incident	Incident Severity Low Medium High Extreme
Is this a "NOTIFIABLE INCIDENT" <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section C - Reported By

First Name	Last Name	Employer:
Phone Number:	Mobile Phone Number:	Email Address:
		Date Reported:

Section D - Incident Details: (Provide details as to the cause of the incident & why it occurred)

Actual Location:	
Describe the Incident:	
Contributing Factors:	
What Actions Were Taken Immediately:	
Additional Notes:	

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Section E - Incident Type:

Incident Description	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Foreign Object Incident	<input type="checkbox"/>	OLS or PANS-OPS Infringement	<input type="checkbox"/>
Runway Incursion	<input type="checkbox"/>	Security	<input type="checkbox"/>
Aircraft Incident	<input type="checkbox"/>	Aerodrome Aircraft Safety Hazard	<input type="checkbox"/>
Airside Driving or Vehicle Control	<input type="checkbox"/>	Ground Engine Run non-compliance eg; Noise	<input type="checkbox"/>
Jet Blast / Prop Wash	<input type="checkbox"/>	Other – Complete Form FRM-002	<input type="checkbox"/>

If **Other** please specify:

Suggested remedial actions to prevent reoccurrence:

Log Entry Reference #:	Signed:	Contact #:
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Forward completed form to Operations Manager.

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Operations Manager Tasks:			
Data Entered into RMSS	<input type="checkbox"/> Yes	Further Investigation Required	<input type="checkbox"/> Yes
Investigation Assigned to:	Name:		Date:

Follow up actions required - If required provide a brief outline of further actions required to prevent reoccurrence

Operations Manager – Accident, Incident Investigation Closed:			
Name	Signed:	Contact #:	Date:

Additional Notes: (Cont)

Forward completed form to WHS Advisor for filing.

Received by WHS:			
Name	Signed:	Contact #:	Date: