# Incident / Hazard Reporting Form

**REPORTER DETAILS**

| Name | | Date | |
|---|---|---|---|
| Phone | | Email | |

**EVENT DETAILS (TO BE COMPLETED BY REPORTER)**

| | | | |
|---|---|---|---|
| Type of Event: | Accident | Incident | Hazard |
| **Is this matter reportable to RAAus?** | No | Yes (immediately reportable) | Yes (routinely reportable) |
| **Is this matter reportable to the Aerodrome Operator or other stakeholders?** | | No | Yes |
| **NOTE: Immediately reportable matters should be notified to RAAus via phone as soon as practicable on 02 6280 4700. Written reports should be submitted to RAAus with 7 days at reporting.raaus.com.au.** | | | |
| **Description of Incident / Hazard (including damage to aircraft and injuries if applicable)** | | | |
| **What actions do you recommend should be taken to address the hazard or to prevent similar events from occurring in the future?** | | | |

**EVENT REVIEW (TO BE COMPLETED BY SAFETY COORDINATOR)**

| | | | |
|---|---|---|---|
| **Safety Coordinator Name:** | | | |
| **What was determined to be the cause of the incident/hazard?** | | | |
| **What actions have been taken as a result of this incident / hazard?** | | | |
| **Determined cause and actions communicated to RAAus?** | Yes | No | N/A |
| **Does this incident / hazard require addition to hazard register?** | Yes | No | |

**Record of any additional actions taken (if any) in order to prevent this type of occurrence from reoccurring in the future:**

**RISK ASSESSMENT (BASED ON ALL CONTROLS IN PLACE)**

| What is the LIKELIHOOD of this type of occurrence taking place in the future? | | | | |
|---|---|---|---|---|
| RARE | UNLIKELY | POSSIBLE | LIKELY | ALMOST CERTAIN |

| What is the possible CONSEQUENCE if this type of occurrence took place again in the future? | | | | |
|---|---|---|---|---|
| MINOR | MODERATE | MAJOR | CRITICAL | CATASTROPHIC |

| What is the residual RISK LEVEL? | | | |
|---|---|---|---|
| LOW | MEDIUM | HIGH | EXTREME |

| | CONSEQUENCE | | | | |
|---|---|---|---|---|---|
| **LIKLIHOOD** | MINOR | MODERATE | MAJOR | CRITICAL | CATASTROPHIC |
| ALMOST CERTAIN | MEDIUM | HIGH | HIGH | EXTREME | EXTREME |
| LIKELY | MEDIUM | MEDIUM | HIGH | EXTREME | EXTREME |
| POSSIBLE | MEDIUM | MEDIUM | HIGH | HIGH | EXTREME |
| UNLIKELY | LOW | MEDIUM | MEDIUM | HIGH | HIGH |
| RARE | LOW | LOW | MEDIUM | MEDIUM | MEDIUM |

OCCURRENCE CLOSURE

| Prior to closure the CFI and Safety Coordinator should ensure all necessary actions are taken in order to prevent this from occurring in the future, or to reduce the consequences if this were to occur again. |
|---|
| Name                                                    Date |