

Click in the boxes to enter your information and try to complete as much as possible.

Personal Information (Leave blank if making a confidential report)

Full Name: _____ DOB: _____
Last First Initial(s)

Address: _____
Address

Town/City County Post Code

Phone No: _____ Email _____

Licence Type: _____ Licence No.: _____ Hours Flown (approximate): _____

Other information: _____

Is this a Mandatory Occurrence Report? YES NO Were you flying a non-EASA Annex II Aircraft? YES NO
(if so, above details required) ☐ ☐ ☐ ☐

Is this a Voluntary Occurrence Report? YES NO Why voluntary? _____
(if so, above details are requested) ☐ ☐

Is this a Hazard Observation? YES NO
☐ ☐

Who else have you informed? _____

Aircraft Details

Aircraft Registration: _____ Aircraft Type: _____

Location: _____ Date/Time: _____ ☐ Local ☐ UTC

Dep Airfield _____ Arr Airfield _____ Passengers? YES NO Number: _____
☐ ☐

Sortie Type: _____ Other Details: _____

Environment

Occurrence Location: _____ VFR/IFR Day/Night: _____ Airspace Type: _____

Cloud: _____ Air Traffic Service: _____
CAVOK/FEW/SCT/BKN/OVC and Height

Wind (Degs): _____ Wind (Kts): _____ Wind Gusts? YES NO Direction/Strength: _____
☐ ☐

Visibility: _____ Other Sig Weather: _____

Click in the boxes to enter your information and try to complete as much as possible.

Narrative of Events (continue on separate form if needed)

Cause if known (continue on separate form if needed)

Individual Assessment of Occurrence/Hazard/Risk

SEVERITY		Individual Assessment (use one "X")
Definition	Meaning	
Catastrophic	Results in an accident, death or equipment destroyed	☐
Hazardous	Serious injury or major equipment damage	☐
Major	Serious incident or injury	☐
Minor	Results in a minor incident	☐
Negligible	Nuisance of little consequence	☐

LIKELIHOOD		Individual Assessment (use one "X")
Definition	Meaning	
Frequent	Likely to occur many times	☐
Occasional	Likely to occur sometimes	☐
Remote	Unlikely to occur but possible	☐
Improbable	Very unlikely to occur	☐
Extremely Improbable	Almost inconceivable that the event will occur	☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize RAFSA to retain this record for 5 years whence it shall be destroyed.

I understand that RAFSA sign up to a 'Just Culture' with respect to all Occurrences and Hazard Observations.

Electronic Signature: _____ Date: _____