

SAFETY REPORT

PART A – filled by a person who identified event or risk

Date:

Local time:

Location:

Company:

Notifier

(Optional)

(optional)

Describe below an event or identified risk as accurately as it is possible. (eg. foreign object on the RWYs, surface, strike with obstacles, bad hearing the AFIS officer, etc.)

(Offer your suggestions how to predict future similar event or how to minimize the risk)

What is the probability of a recurrence of the same or similar event or risk?

Fill the blank cell with symbol - x

	D	C	B	A	
Low probability (D)	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	High probability (A)

What is the severity of the consequences?

	5	4	3	2	1	
Insignificant (5)	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	<input style="width: 40px; height: 40px;" type="checkbox"/>	Catastrophic (1)

Send this report to the e-mail info@letnany-airport.cz or in hard copy you can insert it to the mailbox "Safety Box" anonymously. The mailbox is situated at the GATE 1 (white building - main gate to the airport)