**SAFETY REPORT**

Part A – fills a person who identified event or risk

Date: Local Time:

Location:

Notifier: Company or Airline:

*(optional) (optional)*

Describe below an event or identified risk as occurately as it is possible. (eg. Foreign object on the RWY, strike with obstacles, bad hearing the AFIS report. etc.)

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

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| --- |
|  |

What is the likelihood of a recurrrence of the same or similar events?

Fill the blank cell with symbol X

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  Unlikely (D) |  |  D |  C |  B  |  A | Frequent (A) |
| What is the seriousness of the consequences of the occurrence of this event? |
| Insignificant (5) |  5 |  4 |  3 |  2 |  1 |  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 located on the right side of the drop gate behind the main gate G1 to the airport.**