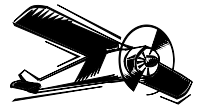


FENLAND AERO CLUB

Fenland Airfield, Holbeach St Johns, Spalding, PE12 8RQ

Tel: 01406 540330 Web: www.fenlandairfield.co.uk Email: secretary@fenlandairfield.co.uk



Safety Report / IER Incident Report

Part A to be completed by the person identifying or reporting the event or hazard

Please fully describe the event or identified hazard:

Include your suggestions on how to prevent similar occurrences.

Date of event:

Local time:

Location:

Name of reporter: (can be anonymous)

Home Airfield:

In your opinion, what is the likelihood of such an event or similar happening or happening again?

Extremely improbable

Frequent

1 2 3 4 5

What do you consider could be the worst possible consequence if this event did happen or happened again?

Negligible

Catastrophic

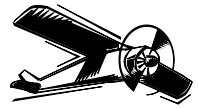
1 2 3 4 5

<i>Acft type</i>
<i>Registration</i>
<i>PoB</i>
<i>Wind</i>
<i>Runway in use</i>
<i>Visibility</i>
<i>QFE</i>
<i>Response time</i>
<i>IER crew</i>

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Safety Report / IER Incident Report

Part B To be completed by the Safety Officer

Immediate action has been taken, if necessary:

Has the report been redacted, collated, and presented to the safety committee?

Report reference No

Signature

Date

Name

Part C To be completed by the Safety Committee

Rate the likelihood of the event occurring or recurring:

Extremely improbable

Frequent

1

2

3

4

5

Rate the worst-case consequences?

Negligible

Catastrophic

1

2

3

4

5

What action or actions are required to ELIMINATE, MITIGATE or CONTROL the hazard to an acceptable level of safety?

Resources required:

Responsibility for Action:

Agreed and Accepted by:

Safety Officer

Date

Responsible Manager

Date

Accountable Manager

Date

Appropriate Feedback given to staff by Safety Officer?

Follow up action required:

When:

Who:

Hazard log updated:

When:

Who: