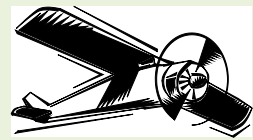


FENLAND AERO CLUB

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

Tel: 01406 540330; Website: 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. If you HAVE or INTEND to file a MOR please fill in **PART A** only, anonymously if you wish – to let us know an MOR has been reported):

Date of Event:

Local Time:

Location:

Name of Reporter:

Home Airfield:

(Can be anonymous)

AIRCRAFT TYPE:

REGISTRATION:

POB:

WIND:

RUNWAY IN USE:

VISIBILITY:

QFE/QNH:

IER RESPONSE TIME:

IER CREW:

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

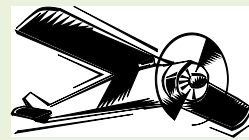
4

5

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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: