

We have the responsibility to keep safety in the forefront of our thinking whenever we engage in any aviation activity, so we can make our flying as safe as possible. We have the responsibility to recognize, analyze, and improve all unsafe situations and practices that we see. Improvement of safety is what this form is for.

**Review Record**

Aviation Safety Manager	_____	Date _____
Director of Maintenance	_____	Date _____
Director of Operations	_____	Date _____
Chief Flight Instructor	_____	Date _____
Aviation Department Chair	_____	Date _____
Safety and Security Director	_____	Date _____
VP of Academic Affairs	_____	Date _____
VP of University Relations	_____	Date _____
University President	_____	Date _____

**Action**



## Identification

(optional)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Conditions cont.

Weather (check all that apply)

- |                               |                               |                                     |                                |
|-------------------------------|-------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> VMC  | <input type="checkbox"/> Fog  | <input type="checkbox"/> T-storm    | <input type="checkbox"/> Other |
| <input type="checkbox"/> IMC  | <input type="checkbox"/> Ice  | <input type="checkbox"/> Turbulence | _____                          |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Snow | <input type="checkbox"/> Wind Shear |                                |

## General Information

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ UTC

Type of Event (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aircraft / Property Damage | <input type="checkbox"/> Fuel Quantity              | <input type="checkbox"/> Traffic Conflict         |
| <input type="checkbox"/> Hazardous Ground Ops       | <input type="checkbox"/> Hard Landing / Tail Strike | <input type="checkbox"/> Improper pre/post-flight |
| <input type="checkbox"/> Bird / Wildlife Strike     | <input type="checkbox"/> Lost / Disoriented         | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Blown / Flat Tire          | <input type="checkbox"/> Miscommunication           |   |
|   | <input type="checkbox"/> Overdue Aircraft           |   |

Reporter (check all that apply)

- |                                     |                                       |   |                                      |
|-------------------------------------|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> PIC          | <input type="checkbox"/> Pilot Not Flying | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Student    | <input type="checkbox"/> Pilot Flying |   | <input type="checkbox"/> Other       |

Flying Time

Total: \_\_\_\_\_ Last 90 Days: \_\_\_\_\_ Time in Type: \_\_\_\_\_

Certificates/Ratings (check all that apply)

- |                                  |                                     |                                       |                               |
|----------------------------------|-------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Instrument | <input type="checkbox"/> Multi-Engine | <input type="checkbox"/> CFII |
| <input type="checkbox"/> Private | <input type="checkbox"/> Commercial | <input type="checkbox"/> CFI          | <input type="checkbox"/> MEI  |

## Conditions

Airspace

- Class B    Class C    Class D    Class E    Class G

Ceiling: \_\_\_\_\_ Visibility: \_\_\_\_\_ Winds: \_\_\_\_\_

## Mission

Make/Model of Aircraft: \_\_\_\_\_ Tail Number: \_\_\_\_\_

Mission

- Dual Training    Solo Training    Other

Flight Plan

- VFR    IFR    Did Not File

Phase of Flight

- |                                  |                                   |                                      |
|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Taxi    | <input type="checkbox"/> Enroute  | <input type="checkbox"/> Landing     |
| <input type="checkbox"/> Takeoff | <input type="checkbox"/> Decent   | <input type="checkbox"/> Maneuvers   |
| <input type="checkbox"/> Climb   | <input type="checkbox"/> Approach | <input type="checkbox"/> Other _____ |

## Narrative

Please provide an account of the events that took place. Also include why the incident occurred and any solutions or suggestions you may have.

\*\* Use additional pages as needed.