

Aviation Hazard/Incident Reporting Form

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To be completed within 24 hours of incident and forwarded to aviation@tsvairport.com.au

Details of the person completing this report			
Reported by:		Date reported:	
Phone:		Email:	
Were you the person directly involved or affected?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If not directly involved, did you witness the actual event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
QAL Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Contractor	<input type="checkbox"/> Tenant <input type="checkbox"/> Operator
Company		ASIC Number	
Incident Date		Incident Time	
Witness Details			
Name:		Phone:	
Persons Involved			
Given Names:		Surname:	
Phone:		Email:	
Positions:		Employer:	
Incident Details			
<input type="checkbox"/> Terminal Operations	<input type="checkbox"/> Airside Operations	<input type="checkbox"/> Landside Operations	<input type="checkbox"/> Environmental Event
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Incident – no injury	<input type="checkbox"/> Report Only	
Location:		Date	Time:
Description/Sequence of events: _____ _____			
Immediate Action Taken: _____ _____			
Equipment Involved:		Operator:	
Aircraft Type:	Registration:	Flight Number:	
Spill Details			
Product Spilt:		Water Contaminated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ground Surface:	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Grass <input type="checkbox"/> Gravel <input type="checkbox"/> Sand		
Quantity:	L	Area:	m ² Duration: Minutes hours days
Clean up material used:	Type/Brand	Quantity Used	
Absorbent		kg	
Soak up pads			
Booms			
Clean Up Time	Operator: hours	Tenant: hours	TAPL: hours
Acknowledgement			
By signing here, I acknowledge I have completed this event record to the best of my ability and based on known facts.			
Signature:		Date:	
Safety Management System Investigation			
Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Reference Number:	
SMS Update:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	CCTV Footage: <input type="checkbox"/> Obtained <input type="checkbox"/> Not Available <input type="checkbox"/> N/A	

Important Contacts:

Operations and Standards Manager 0417 723 692 | Safety One-Duty ARO 0418 771 999 | Environmental Advisor 0474 810 989