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Voluntary Safety Report

The information supplied in this form will only be used to enhance safety. You may choose to not provide your name. If you do provide your name, upon receipt of this form your name and position will be removed and discarded. Under no circumstances will your identity be disclosed to any person or to any other organization, agency or person without your express permission.

The Aircraft Accident Investigation Authority Act (AAIA) 2019, Section 13(5) and (6) states;
(5) The confidentiality of a voluntary report shall be protected by the Authority and information disclosed in these reports shall be inadmissible for any future proceedings relating to the person reporting.

(6) No servant or agent or employee shall suffer any detriment, loss of employment, loss of hope of advancement or other penalty by virtue of having made a voluntary occurrence report in respect of any matter reasonably believed by him to be a safety concern.

Additionally, AAIA Section 15 further states;
The Authority shall not institute proceedings in respect of an unpremeditated or inadvertent breach of the law which may come to its attention only because they have been reported under the voluntary reporting provisions of these sections.

When you have completed your part of the form, it should be sent to the attention of the Chief Investigator of the Aircraft Accident Investigation Authority, via fax, email or website address listed above.

Name: _____

Organization Position: _____

[Name and position to be discarded by the Chief Investigator]

PART A
TO BE COMPLETED BY THE PERSON IDENTIFYING THE HAZARD

Please fully describe the Hazard.

Date of occurrence: _____

Time: _____

Location: _____

Description: _____

Aircraft Accident Investigation Authority

In your opinion, what is the likelihood of a similar occurrence happening again?

Likely Rare
1 2 3 4 5

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

Catastrophic Minor damage
1 2 3 4 5

PART B TO BE COMPLETED BY THE CHIEF INVESTIGATOR AAIA

The report has been de-identified and entered into the ECCAIRS database

Signature: _____ Date: _____

Name _____

Rate the likelihood of the hazard recurring

Very Likely Rare
1 2 3 4 5

Rate the worst-case consequences

Catastrophic Minor Damage
1 2 3 4 5

What action is required to ELIMINATE or CONTROL the hazard and PREVENT injury?

Resources Required: _____

Responsibility for action: _____

Aircraft Accident Investigation Authority
