

RISK (occurrence/hazard/non-compliance) Report

(this report does not substitute any legal mandatory reports)

Part A: to be completed by the person identifying the RISK

Date of event..... Local time.....

Location.....

Name of reporter (if not anonymous).....

Section / Organisation.....

Please fully describe the RISK (German or English):

Include your suggestion on how to prevent similar occurrences

In your opinion, what is your likelihood of such a risk, event or similar happening again?
(Enter a number: 1= extremely improbable to 5= frequent)

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

(Enter a number: 1= negligible to 5= catastrophic)

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Number of pages detached to this report.....

Part B: to be completed by the Safety Manager.

The report has been dis-identified and entered into the company database.

Report reference.....

Signature..... Safety Manager..... Date.....

Name..... Safety Manager (EASA/BFU) YES/NO

(AccM).... (NPCA)....(NPFO)....(NPFT)....(NPGO)....(CM).... (HT)....(NPCT)