SAFETY HAZARD/INCIDENT
IDENTIFICATION REPORT FORM

REPORT IDENTIFICATION (all optional): Please fill in if you desire a response.
Print name: __________________________
Contact phone number: __________________________
Contact email: __________________________

Identify aircraft registration number (required): N__________

REPORTER
☐ Student       Time of event: __________________________
☐ Instructor
☐ Mechanic      Date of event of situation: _________________
☐ Dispatcher
☐ Other        Today's Date: _____________________________

TYPE OF HAZARD / EVENT TITLE / SITUATION (check all that apply)
☐ Flight training       ☐ Airport       ☐ Airplane       ☐ FARs
☐ Weather              ☐ Ramp        ☐ Solo/PIC       ☐ Injury
☐ ATC/airspace         ☐ Diversion    ☐ Emergency      ☐ Dual
☐ Engine Shutdown      ☐ Go-Around    ☐ Fire or smoke  ☐ FOD
☐ Hard Landing         ☐ Rejected takeoff ☐ Near miss      ☐ Runway incursion
☐ Wake turbulence       ☐ Building     ☐ Physiological  ☐ Bird Strike
☐ Exceeding aircraft limitations ☐ Other

FLIGHT PHASE (Circle one or all that apply)
Parked            Taxi-out       Takeoff   Initial Climb       Climb       Cruise       Practice Area
Holding           Descent        Approach  Traffic Pattern    Landing    Taxi-in       Pushing airplane

DESCRIBE EVENT / SITUATION / DEBRIEF DETAIL / NARRATIVE
Discuss the chain of events, safety issue, human performance, airmanship considerations that you feel are relevant and anything else you think is important. Include what you believe really is the issue and what can be done to prevent a recurrence, or correct the situation. Include relative factors (weather, ATC, airfield conditions, etc.)