3Rs
Safety Report Form

Part A - To be completed by the person identifying the Event or Hazard

Note: This is not to be used if the event/hazard took place between engine start & shutdown; in that instance please use the Air Safety Report Form

In order to process and follow-up this report it will be useful to contact you. Though not required, having your contact details might help us. **All items in red will be DE-IDENTIFIED before presentation to the Safety Committee/Safety Action Group/Intranet**

NAME	
EMAIL	

EVENT TYPE or HAZARD

DATE OF OCCURRENCE DD-MMM-YY	**TIME (LOCAL)**	**LOCATION**

Please fully describe the event or identified hazard:
Include your suggestions on how to prevent similar occurrences.

HEADLINE;

DETAIL;

Any name will be DE-IDENTIFIED before presentation to the Safety Committee/Safety Action Group/Intranet

What do you consider could be the worst possible <u>consequence</u> if this event did happen or happened again?	Negligible 1 2 3 4 5 Catastrophic
In your opinion, what is the <u>likelihood</u> of such an event or similar happening again?	Improbable 1 2 3 4 5 Certain

Have you submitted/attached any supporting documentation?
(ie Charts, photos, video, GPS Data, witness statements, briefing documents etc Please list here.

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Part B - To be completed by the Safety Manager

The report has been di-identified and entered into the 3Rs database.

Signature		SMS Reference	From SMS Log
Name		Date	DD-MMM-YY

Part C - To be completed by the Safety Manager or Safety Committee

Rate the worst-case consequences of similar reoccurrence:	Rate the likelihood of the event occurring or recurring:
Negligible <--> Catastrophic	Extremely Improbable <--> Frequently
1 2 3 4 5	1 2 3 4 5

What action or actions are required to ELIMINATE, MITIGATE or CONTROL the hazard to an acceptable level of safety?

Continue on separate page if required and attach as Appendix

What resources are required? ……

Who is nominated to be responsible for actions? ……

Part D – Follow-up actions

Agreed and Accepted by	**Appointment**	**Signature**	**Date**
	Safety Manager		DD-MMM-YY
	Accountable Manager		DD-MMM-YY
Appropriate Feedback given to reporter and racers by Safety Manager – email/intranet/verbal brief			DD-MMM-YY
Additional follow up action required (may be suggested by Safety Committee/SM/AM):			
When by	DD-MMM-YY	Who By	