

CASARA SAFETY OCCURRENCE REPORT

PART I –

The person(s) reporting a safety incident or accident should fill out as best as possible applicable portions of the form. The completed form will be sent to the Safety Officer.

General	Date / Time of occurrence _____ / _____ (GMT)		
	Type of occurrence <input type="checkbox"/> Air <input type="checkbox"/> Ground Homing		
	Personnel Casualty Level <input type="checkbox"/> Nil <input type="checkbox"/> Minor <input type="checkbox"/> Serious		
Location	Location of occurrence (eg. Local area, en route, highway number; for crash/accident sites, use Latitude and Longitude or geographical reference)		
Aircraft or Vehicle	Damage level <input type="checkbox"/> Nil <input type="checkbox"/> Minor <input type="checkbox"/> Serious		
	Aircraft or Vehicle Registration	Operated by (zone)	Ownership (club, private)
	Stage of operations (eg. pre-flight, taxi, take-off, in-flight, parked, driving, stopped for homing)	Altitude (AGL) - if applicable	
	Mission type (training, operational, EVAL, display)		
Description	Detailed description of occurrence Title (short 2-3 word description of occurrence):		
	Narrative (make note of attachments if more space is needed or any witness statements):		

Personnel Information	Role or Position		Injury (Y/No)
	1		
	2		
	3		
	4		
	5		
Conditions	Weather (eg. rain, snow, fog).	Light conditions (eg. Bright day, dusk, dark night)	
	Cloud - if applicable (eg. above, below, none)	Visibility (NM)	
	Wind - if applicable Speed (knots)	Direction (degrees Magnetic):	NOTAM in area
	Road Conditions -if applicable		
Action Taken	Was any immediate corrective action taken or recommended ?		
	Drafter(s) name		Date

Part II - Investigation

Upon receiving Part I, the Safety Officer will initiate an investigation and Part I will distributed to the Provincial Safety Officer and Zone Safety Officers.

The Safety Officer Report will include cause factors and recommended corrective action. (attached to this occurrence report when complete)

Part II - Safety Officer's Report Following the Investigation

(This report template should include and is not limited to the following:)

- 1. Immediate Action Taken (if applicable):**
- 2. Cause Factors:**
- 3. Assessed Level of Risk: (Severity and Probability)**
- 4. Recommended Actions and Timelines:**
- 5. Input into this report from:**

Signed by:

Zone Safety Officer _____ (print name)

_____ dated _____

Endorsed by:

Zone Commander _____ (print name)

_____ dated _____

Copy to:

**President CASARA
Provincial Safety Officer
Zone Safety Officers**