



# Gliding Federation of Australia Safety Management System Safety Occurrence Report Form



## ▼ Title of Report

*Insert brief sentence to describe the report.*

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## ▼ Factual Information

**Person(s) Involved:** *Indicate their involvement i.e. John Smith (pilot in command) or John Smith (passenger)*

Name	Involvement

### Date and Local Time of the occurrence:

Date:            /            /20	Time: (24 hr format)
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### Club Name or Competition Name:

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### Location of occurrence:

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### Nature of the flight:

<input type="checkbox"/> Local	<input type="checkbox"/> Training/Coaching	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Competition	<input type="checkbox"/> AEF
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### Occurrence Type – check any applicable:

<input type="checkbox"/> Blow Over	<input type="checkbox"/> Canopy Opened in Flight	<input type="checkbox"/> Cartwheel
<input type="checkbox"/> Collided with Obstacle	<input type="checkbox"/> Ground Handling	<input type="checkbox"/> Ground Loop
<input type="checkbox"/> Heavy Landing	<input type="checkbox"/> Mid-air Collision	<input type="checkbox"/> Miss-rigged Aircraft
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Overshoot	<input type="checkbox"/> Prop Strike
<input type="checkbox"/> Stall/Spin	<input type="checkbox"/> Undershoot	<input type="checkbox"/> Wheel Up Landing
<input type="checkbox"/> Wire Strike	<input type="checkbox"/> Airworthiness	<input type="checkbox"/> Airspace Breach
<input type="checkbox"/> Other – describe (eg non-flying operations occurrences)		

### Phase of Flight

<input type="checkbox"/> Launch	<input type="checkbox"/> In-flight	<input type="checkbox"/> Landing
<input type="checkbox"/> Outlanding	<input type="checkbox"/> Ground operations	<input type="checkbox"/> Thermalling
<input type="checkbox"/> Other – describe		

### ▼Weather Factors

Are weather or site factors relevant to this occurrence?

Yes     No

(If Yes) Description of the weather:

Wind	Velocity (Kts)	Direction	
Cloud	Cover (1/8ths)	Type	Base
Other Relevant Weather Details			

Takeoff or landing surface/condition:

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### ▼Pilot Information

	Pilot 1	Pilot 2 (if applic.)	Other (if applic.)
Total hours			
Total launches			
Hours on type			
Launches on type			
Hours in last 12 months			
Hours in last 90 days			

Additional information for pilot in command

GFA No	Date of last Annual Check	Nationality
Highest Badge/Cert	/ /20	

Pilot Qualifications:

<input type="checkbox"/> Pre-solo Student	<input type="checkbox"/> Post-solo Student	<input type="checkbox"/> Solo Pilot
<input type="checkbox"/> GPC	<input type="checkbox"/> Instructor - AEI	<input type="checkbox"/> Instructor – L1
<input type="checkbox"/> Instructor – L2	<input type="checkbox"/> Instructor – L3	<input type="checkbox"/> Independent Operator - L1
<input type="checkbox"/> Independent Operator - L2	<input type="checkbox"/> GA or RAA Qualification	

### ▼ Aircraft Details:

<b>Aircraft type:</b>			
<input type="checkbox"/> Glider	<input type="checkbox"/> Motor glider - self launcher	<input type="checkbox"/> Motor glider - sustainer	
<input type="checkbox"/> Glider tug	<input type="checkbox"/> GA aircraft	<input type="checkbox"/> Other	
<b>Aircraft model:</b>		<b>Registration:</b>	
<b>Launch method:</b>	<input type="checkbox"/> Aero tow	<input type="checkbox"/> Winch/Auto	<input type="checkbox"/> Self launch
<b>Maintenance release expiry date:</b>			

### Was there a second aircraft involved?

Yes     No                      If yes:

<b>Aircraft type:</b>			
<input type="checkbox"/> Glider	<input type="checkbox"/> Motor glider - self launcher	<input type="checkbox"/> Motor glider - sustainer	
<input type="checkbox"/> Glider tug	<input type="checkbox"/> GA aircraft	<input type="checkbox"/> Other	
<b>Aircraft model:</b>		<b>Registration:</b>	
<b>Launch method:</b>	<input type="checkbox"/> Aero tow	<input type="checkbox"/> Winch/Auto	<input type="checkbox"/> Self launch
<b>Maintenance release expiry date:</b>			

### ▼ Details:

*Describe what happened leading up to and during the occurrence. It is important that as many details as possible are included. Where possible, it is encouraged that exact times are used as a way to provide a sequence of events to your description. Attach more details if insufficient room.*

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### Did any damage occur?

Yes     No                      If Yes, Specify:

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### Did an injury occur?

No                       Yes                      If Yes, Extent of Injury:  
 Minor                       Serious                       Fatal

Specify:

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**Immediate actions taken (attach more details if insufficient room):**

**▼Has this Occurrence been reported to the ATSB?**

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If YES, insert reference number:	
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*There are two types of occurrence that need to be reported to the ATSB, Immediately Reportable Matters and Routine Reportable Matters. Check any of the boxes below to determine whether you need to submit a notification to the ATSB.*

**Immediately Reportable Matters:**

- The death of, or serious injury to a person on board the aircraft in contact with the aircraft or anything attached to the aircraft or anything that has become detached from the aircraft.
- The death of or serious injury to a person who has been directly exposed to jet blast.
- The aircraft being missing.
- The aircraft suffering serious damage, or the existence of reasonable grounds for believing that the aircraft has been seriously damaged.
- The aircraft being inaccessible and the existence of reasonable grounds for believing that the aircraft has been seriously damaged.
- Breakdown of separation standards, being a failure to maintain a recognised separation standard (vertical, lateral or longitudinal) between aircraft that are being provided with an air traffic service separation.

Immediately Reportable Matters must in the first instance, be notified to the ATSB by telephone (1800 011 034) or faxing your notification form to (02) 6274 6434. A written notification must also be submitted to the ATSB which is available from <http://www.atsb.gov.au/mandatory/asair.aspx?printerFriendly=true>. If you cannot complete this notification, or require assistance please contact the ATSB on 1800 011 034.

**Routine Reportable Matters:**

- An injury, other than a serious injury, to a person on board the aircraft
- A flight crew member becoming incapacitated while operating an aircraft
- Airprox
- An occurrence in which flight into terrain is narrowly avoided
- The use of any procedure for overcoming an emergency
- An occurrence that results in difficulty controlling the aircraft, including any of the following; an aircraft system failure; a weather phenomenon; or operation outside the aircraft's approved flight envelope
- Fuel exhaustion
- The aircraft's supply of useable fuel becoming so low (whether or not as a result of fuel starvation) that the safety of the aircraft is compromised
- A collision with an animal, including a bird, on a licensed aerodrome

If the occurrence fulfills any of the criteria of a Routine Reportable Matter written notification on the ATSB form is required to be sent to the ATSB within 72 hours of the occurrence. On submission of this report to GFA a copy will be sent to ATSB.

**Ensure a copy of this report is either submitted electronically on IRIS via the GFA website, or provide a hard copy to the GFA office where it will be entered into IRIS.**

<b>Name of Person Making Report</b>		
<b>Signature</b>		
<b>Contact Details</b>		
<b>Email</b>	<b>Mobile</b>	<b>Land Line</b>