

Voluntary Safety Report

Date:		Reported by:	
Do you wish to receive feedback	Yes/No	If yes please provide email details here	

The information supplied in this form will only be used to enhance safety. You may choose to not provide your name above. If you do provide your name, upon receipt of this form will be de-identified. Under no circumstances will Redhill Aerodrome Limited disclose your identity to any other person in the airport or to any other organization, agency or person without your express permission.

When completed please return this document to safetyreports@redhillaerodrome.com

PART A

To be completed by the p date and location.	erson identifying the hazar	rd, act or omission, please	provide as much detail a	s possible including time,			
In your opinion what is the likelihood of a similar occurrence happening again?							
Unlikely = 1	2	3	4	Very Likely = 5			
What do you consider could be the worst possible consequence if this occurrence did happen again?							
Minor = 1	2	3	4	Catastrophic = 5			
Most likely to be affected?							
Environment	Local businesses	Vehicles	Buildings	Visitors			
							
Contractors	Staff	Pilots	Passengers	Aircraft			
Other, please list:							

Suggested action:	



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PART B. To be completed by SATCO, DSATCO or SAFO.

What action is required to eliminate or control the hazard and prevent injury? Does this issue raised require immediate action, if yes what?

Resources required to eliminate or control and close the Hazard:

Follow up required or closing comments:

Completed by:

Date:

Please return to philip.wright@redhillaerodrome.com