



CHAPTER 7

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Hazard and Incident Reporting System

Effective implementation of the Department's Safety Policy is contingent upon a proactive working system to prevent accidents and minimize risks to a level that is as low as reasonably practicable (ALARP). Essential to this objective is a program to identify and eliminate or mitigate workplace hazards and to prevent the occurrence of unsafe incidents.

Compliance with this policy is part of the annual performance appraisal process.

HAZARD REPORTING POLICY

The Company is committed to providing its employees with a safety management system to support the safest operation possible as noted in the company safety policy statement signed by the President. In the pursuit of our goal of zero accidents it is imperative that we have uninhibited reporting of all safety hazards, concerns and suggestions that in any way may affect the safety of the flights we support or our employees in the delivery of our services. Sharing of timely information is a key enabler for our company to make quality decisions in the proactive management of risk and reducing harm to our employees, our operations, our customers and our property.

Every employee at the Company has the responsibility and right to report safety hazards, concerns and suggestions that may affect the integrity of our flight operations or workplace safety issues to their immediate supervisor. Senior management has the responsibility to provide every employee the opportunity to report those hazards and concerns and, to do so if desired, in a confidential format. All reports will be handled in a just and fair manner in accordance with the Just Culture Framework.

JUST CULTURE FRAMEWORK

To promote the timely, uninhibited flow of information, it is the policy of XXX that there will be no disciplinary action taken against any employee for reporting a safety hazard or perceived hazard, safety concern, noted human errors related to slips, lapses or mistakes or suggestion for improvement. The Company will not initiate disciplinary proceedings against an employee who discloses a safety hazard or perceived hazard, safety concern, human behavior related event or suggestion involving safety. However, this policy does not apply to reckless behaviors consisting of acts to willfully disregard substantial and unjustifiable risk to our operations, its people, customers or property. The policy also does not apply to any event or condition that involves illegal activity, substance abuse, controlled substances, alcohol or intentional falsification. In such cases, the Company reserves the right to take disciplinary actions as appropriate. The Company also reserves the right to take appropriate action against employees who willfully disregard the reporting of known or recognized safety hazards.

We will evaluate all reports and when appropriate may require the employee to undertake actions necessary to manage risk and prevent future hazards. We recognize that quality training as an effective risk management tool and as such training is not recognized as disciplinary in nature, but would be consistent with the safety goals that have been established. We will also evaluate all reports for opportunities to improve system reliability and robustness and will implement appropriate changes to reduce, and eliminate where possible, hazards in the system.

We have a process in place for employees to report safety hazards, concerns or suggestions that protects the identity of the employee if desired. This can be accomplished by reporting the incident or safety issue directly to the Company Safety Manager, which will be maintained confidential if requested or using the online hazard reporting system at [xxxxx.com].

We have also established a confidential safety fax number. Employees can forward confidential messages using the Safety fax number (xxx-xxx-xxx). Faxes sent to the above number are received by the Safety and Security manager only. In addition, general observations of safety hazards can be reported using the hazard report form located in the safety website.

We urge every employee to use this program to help us provide the highest level of safety for our employees and customers. Every employee who submits a report will be contacted to confirm receipt of the report and provided feedback on the final outcome regarding the report provided they choose to leave contact information.

HAZARD REPORTING PROCESS

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Any individual involved directly or indirectly in the flight and maintenance activities of the Flight Department (i.e., employees, part-time and contract personnel, and others providing aviation related products or services) must report any observed hazard. Employees are encouraged to use the Hazard/Incident Report form for all reporting.

The following provides a guideline for the purpose of determining whether a situation warrants the submission of a Hazard/Incident Report or a Flight Operations Incident Report. This description is not all-inclusive and the originator should exercise sound judgment and discretion when determining if a report should be submitted. A Hazard/Incident Report or Flight Operations Incident Report shall be submitted when any situation, practice, procedure, or process is observed which is either:

1. A recognized safety concern.
2. Considered unusual from an operational or procedural standpoint.
3. Considered deficient from a safety standpoint, and which, in the submitter's opinion, possesses a foreseeable potential for injury or illness to persons or damage or loss of property if not addressed in a timely manner.

Any safety concern that would be of interest to others that are involved in like activities should be reported. A report shall also be submitted in the event of any incident detailed in the Incident Reporting Criteria located in Appendix II. Hazard/Incident Reports are not required for hazards which are able to be resolved locally and immediately and are already covered by policy; however, when a hazard is likely to be duplicated in other department workplaces a Hazard/Incident Report should be submitted for the benefit of other affected employees.

Flight Operations Incident Reports should be submitted using the Flight Operations Incident Report form. Hazard/Incident Reports should be submitted using the Hazard and Incident Report form. The submitter's identification on the report is optional but is encouraged in the event that further information is required for elimination of the hazard. Reports should be concise and should accurately and thoroughly describe the hazard. When applicable, reports should include the submitter's recommendation(s) for corrective action. In circumstances where the perceived hazard possesses the immediate potential for injury or illness to persons or damage or loss of property, management shall be notified immediately by the most expeditious means possible for the purpose of determining appropriate action to prevent such injury, illness, damage or loss.

Upon receipt of a Hazard/Incident Report the Safety Manager will conduct a risk assessment of the reported hazard and an investigation as required to determine the validity of the report as well as to gain additional information concerning the report's subject matter. Any hazardous situations or equipment shall be either placarded or removed from service until the hazardous situation is corrected. The submitter, if identified, will be advised of the result of the investigation. If a Hazard/Incident Report identifies a problem that is outside the scope or authority of the Safety Program, the originator will be offered assistance in routing the information to the appropriate person responsible.

Upon validation of a Hazard/Incident Report, the Safety Manager shall identify and notify the individual assigned responsibility for the affected workplaces. The contents of the Hazard/Incident Report and the investigation results will be provided along with recommendations for corrective or preventive action. Appropriate action and a target date for elimination or reduction of the hazardous situation will then be determined. Final corrective action shall be documented on the Hazard/Incident Report form and the completed form returned to the Safety Manager. The Hazard/Incident Report originator will then be notified of the final disposition of the matter.

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Appendix I - Risk Assessment Code Matrix

Severity of Occurrence \ Occurrence Probability	Highly likely to occur in the immediate future (80-100%)	Probably will occur within the next year (50-80%)	Possibly will occur within the next 5 years (10-50%)	Unlikely to occur in the foreseeable future (0-10%)
May cause death, permanent or total disability, or critical damage to facility or property	1	1	2	3
May cause major, injury, permanent partial or temporary total disability, severe occupational illness, or major damage to facility or property	1	2	3	4
May cause minor injury or occupational illness, or minor damage to facility or property	2	3	4	5
May cause negligible compromise of safety to employees or property	3	4	5	5

Note: Risk Assessment Code assignment of 1 requires immediate notification to Flight Department Manager. A risk assessment code of 1, 2, or 3, with at least a 50% rating, will have mitigating action.

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Appendix II - Incident Reporting Criteria

1. Injury or illness to any individual(s) which occurs in a Department workplace or aboard or due to contact with a Department aircraft, and results in either:
 - a. Death.
 - b. Hospitalization.
 - c. Treatment by a medical professional.
2. Illness of any individual(s) which is potentially the result of exposure to a hazardous substance or potentially infectious material occurring within a Department workplace or aboard a Department aircraft.
3. An incident which results in damage to Department aircraft or other property damage involving Department personnel or property.
4. Any deviation from established laws, regulations, limitations, procedures, or practices by Department personnel while performing employment-related duties.
5. An event which indicates a deficiency or an inadequacy in operating procedures or safety controls or equipment.
6. An occurrence which requires submission of a report to the National Transportation Safety Board. (A copy of the NTSB report is sufficient for this purpose.)
7. Unintentional or uncontrolled release of any hazardous chemical in any Department workplace.
8. Unintentional fire or indication of fire in a Department workplace or aircraft.
9. Any physical incapacitation of a crewmember while performing flight duties which affects or could reasonably possess the potential to affect the ability of the crew to perform assigned duties.
10. When an emergency is declared during flight.
11. Action by a flight crew which is contrary to an Air Traffic Control (ATC) clearance (other than for a TCAS resolution advisory), to include any altitude deviation 300 feet or more from altitude clearance limit or altitude published by ATC and any navigation deviation beyond or outside course clearance issued by ATC.
12. When any of the following events occur during operation of Department aircraft:

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- a. Operation in close proximity to another aircraft which creates a collision hazard
- b. Excursion from a runway/helipad or taxiway hard surface
- c. Runway incursion of an active runway without appropriate ATC clearance or descent below 500 feet AGL while aligned with and/or landing on the wrong runway
- d. Encounter with severe turbulence or severe icing
- e. Indication of aircraft stall
- f. Lightning strike
- g. Foreign object damage
- h. Wake turbulence encounter which results in severe turbulence effects
- i. Operation of an aircraft outside of designed operating limitations
- j. Uncontrolled loss of cabin pressurization
- k. GPWS alert
- l. TCAS resolution advisory

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Appendix III - Hazard/Incident Report

To: Safety Manager/Officer	From: (Optional)	Date:
Description of incident or observed hazard: (Provide date, time, and location, as applicable. Include a detailed and accurate description while being as concise as possible.)		
Recommendations to eliminate, correct, or minimize the hazard:		
Safety Manager/Officer investigation summary:		
Tracking # & Risk Code _____ Referred to _____ Suspense Date _____		
Corrective action taken:		
Corrective action completion date _____ By _____		

INSTRUCTIONS: Fill out using additional sheets as necessary. Fold and forward completed form to the Safety Manager/Officer in an envelope marked confidential. Thank you for your interest in your Safety Program.

Appendix IV - Flight Operations Incident Report

1. Type of Event - check all appropriate responses

<input type="checkbox"/> Human Factor Error	<input type="checkbox"/> Runway/taxiway excursion	<input type="checkbox"/> Foreign Object Damage
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> Runway Incursion	<input type="checkbox"/> Severe Wake Turbulence
<input type="checkbox"/> Navigational Deviation	<input type="checkbox"/> Severe Turbulence	<input type="checkbox"/> Collision Hazard
<input type="checkbox"/> Communication Error	<input type="checkbox"/> Severe Icing	<input type="checkbox"/> GPWS Alert
<input type="checkbox"/> Crewmember Incapacitation	<input type="checkbox"/> Loss of Cabin Pressure	<input type="checkbox"/> TCAS RA
<input type="checkbox"/> Aborted Takeoff	<input type="checkbox"/> Other - _____	

2. Weather Conditions - check all appropriate responses

<input type="checkbox"/> IMC	<input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Icing
<input type="checkbox"/> VMC	<input type="checkbox"/> Turbulence	<input type="checkbox"/> Crosswind
<input type="checkbox"/> Precipitation	<input type="checkbox"/> Windshear	

3. Time/Date - check or fill out all appropriate responses

Month _____	Year _____	<input type="checkbox"/> 0400-0759 local time	<input type="checkbox"/> 0800-1159 local time
<input type="checkbox"/> 1200-1559 local time	<input type="checkbox"/> 1600-1959 local time	<input type="checkbox"/> 2000-2359 local time	<input type="checkbox"/> 0000-0400 local time

4. Duty Day

<input type="checkbox"/> Standard Duty Day	<input type="checkbox"/> Extended Duty Day
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5. Mode of Flight

<input type="checkbox"/> Ramp	<input type="checkbox"/> Climb	<input type="checkbox"/> Descent
<input type="checkbox"/> Taxi	<input type="checkbox"/> Cruise	<input type="checkbox"/> Approach
<input type="checkbox"/> Takeoff	<input type="checkbox"/> Holding	<input type="checkbox"/> Landing

6. Action Taken - check all appropriate responses

<input type="checkbox"/> Performed Emerg. Proc.	<input type="checkbox"/> Declared Emergency	<input type="checkbox"/> In-Flight Engine Shutdown
<input type="checkbox"/> Followed SOP	<input type="checkbox"/> Requested Crash/Rescue	<input type="checkbox"/> Divert From Dest. Airport
<input type="checkbox"/> Followed Checklist	<input type="checkbox"/> Requested Medical Assist.	

7. Crewmember's Assessment

Was the above procedure/checklist adequate for this situation? Yes No
 Was training adequate for this situation? Yes No

8. Comments or Suggestions

