



Issue Number:	1	Issue Date:	June 2009	SMS Annex D
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Safety Occurrence

Name of Reporter:

Operating Base:

Date of Occurrence:		Time:	
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Authorities Notified:	Yes	No		If Yes, Ref. No	
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Captain:		First Officer:	
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Flight Eng.:		Other Crew:	
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Other:			
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Task Description:

Aircraft Make And Model:

Aircraft Registration:

Departure Point:

Destination:

Route:

Flight Phase:

Operational Conditions:

Vmc / Imc:		OAT:	
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Day / Night		Visibility:	
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Altitude:		Cloud (8 Ths):	
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Wind:		Cloud Type:		Alt:	
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P.O.B.:	Crew No:		Pax No:	
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	Cargo Weight:		Fuel Weight:	
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	Ext Weight:			
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Aircraft Total Weight At Time Of Incident:

 AMS S.A. Red Cross AMS		AIR SAFETY REPORT		
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CLOSING COMMENTS AND RECOMMENDATIONS

BASE SAFETY REPRESENTATIVE:

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Name:		Sign:		Date:	
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BASE MANAGER:

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Name		Sign:		Date:	
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AVIATION MANAGER:

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Name:		Sign:		Date:	
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ACTION TAKEN:

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RESIDUAL RISK:

I am satisfied that the above occurrence has been fully investigated and that the corrective action necessary to prevent a recurrence has been taken.

Signature:		Date:	
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	Safety Manager		
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