

Safety Report

Report Number (filled by SM)			Reporte			Pilot in Command:			
Date:		Time of event			Number of Crew			ew.	☐ Day ☐ Night VFR
A/C Registration		Route from			Route to				Diverted to
Type of flight ☐ Dual ☐ Solo		Flight phase Taxi Takeoff			IAS (kt)				☐ Alt/HT ☐ FL
Type of failure: ☐ Equipment ☐ Avionic ☐ Flightdutytime ☐ Other		☐ Climb ☐ Cruise ☐ Descent ☐ Landing ☐ Parking			Location/Position				
WIND			CLOUD		PRECIPITATION			TATION	RWY CONDITION
☐ Steady Dir. Speed ☐ Gutsy ☐ Variable OTHER METR		Speed R METRO	Type HT(,				□ QNH □ QFE
VISIBILITY		ICING	TU	TURBULE		NCE OA		Γ (°C)	5.: 5
Description of occurrence:									
Correctiv actions (do not fill out)									
Date		Sign	ature Saf	etv M	anage	ır	_	Signa	iture Accountable

Manager