

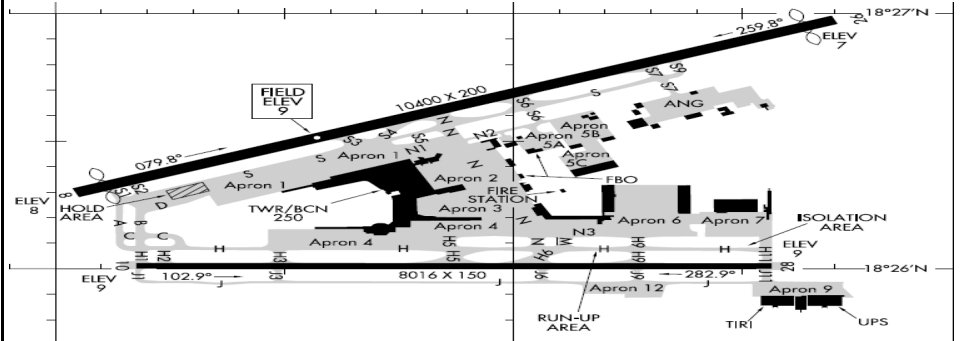


**EVENT DESCRIPTION**

**SAFETY MANAGEMENT SYSTEM (SMS) CONFIDENTIAL REPORTING FORM**

* DATE *	MONTH	DAY	YEAR	HOUR			
					AM	PM	
* WEATHER *	<input type="checkbox"/> Rain	<input type="checkbox"/> Wind	<input type="checkbox"/> "T'storm"	<input type="checkbox"/> Clear	<input type="checkbox"/> Fog		
	<input type="checkbox"/> Other: _____						
* VISIBILITY *	<input type="checkbox"/> Dawn	<input type="checkbox"/> Daylight	<input type="checkbox"/> Dusk	<input type="checkbox"/> Night	<input type="checkbox"/> Smoke	<input type="checkbox"/> Dust	
	<input type="checkbox"/> Other: _____						
* TYPE *	<input type="checkbox"/> Accident		<input type="checkbox"/> Incident (near miss/potencial issue)		<input type="checkbox"/> Hazardous Condition		
	<input type="checkbox"/> Hazardous Behavior		<input type="checkbox"/> Other: _____				
* LOCALIZATION * (Vicinity)	<input type="checkbox"/> Terminal (Letter)	<input type="checkbox"/> Gate Area	<input type="checkbox"/> FBO	<input type="checkbox"/> APRON	<input type="checkbox"/> Baggage Make Up		
	<input type="checkbox"/> Ramp	<input type="checkbox"/> Taxiway	<input type="checkbox"/> Runaway	<input type="checkbox"/> Fuel Farm			
	<input type="checkbox"/> Other: _____						
* Items Involved in the Events *	<input type="checkbox"/> Aircraft #	_____	<input type="checkbox"/> Tow Bar				
	<input type="checkbox"/> Jet Bridge - Gate #	_____	<input type="checkbox"/> Sweeper				
	<input type="checkbox"/> Tug	_____	<input type="checkbox"/> Golf Cart				
	<input type="checkbox"/> Vehicle - Tag #	_____	<input type="checkbox"/> Lav Cart				
	<input type="checkbox"/> Fuel Truck	_____					
		<input type="checkbox"/> Other: _____					

**\* MARK ANY RELEVANT LOCATION ON THE AIRPORT DIAGRAM \***



**\* DESCRIPTION \* (Please provide a detailed description of the event or hazardous including specific location)**

---

---

---

---

---

---

---

---

**\* RECOMMENDATIONS \* (Please provide any suggestions or recommendation to correct the issue or prevent recurrence)**

---

---

---

---

---

---

---

---

**\* CONFIDENTIALITY COMMITMENT \***

You may submit the form anonymously if you choose or provide your information below. It will be use by the SMS Coordinator to enhance the understanding of the event with follow-up actions if applicable.

Name	_____	Organization / Position	_____
E-mail Address	_____	Phone	_____