SAFETY MANAGEMENT SYSTEM AEROSTAR CONFIDENTIAL SAFETY REPORT

Please use this form to report an incident, accident or any existing or potentially hazardous condition or behavior identified at the Luis Muñoz Marín International Airport (the "Airport") by the primary method of:

Complete the ACSR online;

Other means of reporting can be the following:

- Call OCC at (787)253-0979
- Email completed ACSR form at: smsreport@aerostarairports.com
- Mailed the completed ACSR form to SMS Coordinator to: PO Box 380585, San Juan, PR 00937-1085

Event Description

(To be completed by the person reporting the event)

Date:	Time: AM PM			
Color & ID's	□ Yellow □ Dark Blue			
Privileges □ SIDA	□ NON-SIDA			
Weather Condition (all that applies): □ Clear □ Cloudy □ Windy □ Rainy □ Thunder Storm □ Hazy				
New York Control of the Control of t	1.1			
Visibility: □ Dawn □ Daylight □ Dusk □ Nig	nt			
Front Times = Hazardous Condition = Hazardous Bob	ovier - Incident - Accident - Other			
Event Type: □ Hazardous Condition □ Hazardous Beha	avior i incident ii Accident ii Other:			
Location: Terminal A: Terminal B: Cent	ral Checkpoint Terminal C: Terminal D			
□ Public Area □ Public Area	□ Public Area □ Public Area			
□ Sterile Area □ Sterile Area	□ Sterile Area □ Sterile Area			
□ Baggage Area □ Baggage Area	□ Baggage Area □ Baggage Area			
□ Apron 4 □ Apron 3	□ Apron 2 □ Apron 1			
□ Other:				
Items ☐ Aircraft: Tail # ☐ Baggage Ca	rt 🗆 PBB 🗆 Automobile 🗆 Elevator 🗆 Door			
Involved Fuel Truck Wheelchair	□ Tow Bar □ Cargo Container □ Escalator □ Sweeper			
In Event: □ Golf Cart □ Lavatory Tr	uck □Tug □ Cargo Loader □ Stairs □ Gate #:			
□ Other:				
Description: (Please provide a detailed description of the event or hazard including specific location. (Use additional				
paper if needed.)				
Decomposed tions (Dioces are side on conservations or	recommendation to correct the issue or provent recommend.			
Recommendations: (Please provide any suggestions of	recommendation to correct the issue or prevent recurrence.)			

Optional Reported Information*:			
Name:	Organization/Position:		
Address:			
City:	State:	ZIP:	
Phone:	Alternate:		
Email:			
Preferred method of contact:	Time:		

*Confidential Commitment

This form could be submitted anonymously. If you provide your name, the SMS Coordinator will use it for the purpose of enhancing the understanding of the event with and perform follow-up actions, if applicable. To achieve the safest Airport operations standards possible, and the success of the Airport SMS program, every employee has the responsibility of reporting any incident, accident or any existing or potentially hazardous condition or behavior that may compromise the integrity of operations at the Airport. It is the Airport policy that an employee can file a report without fearing any retribution or reprisal, and that his or her identity will be kept confidential to the extent permitted by law.