

# Hazard or Occurrence Report

<b>Department:</b> <b>FLIGHT OPS</b>	<b>Name:</b>	<b>Report Type:</b> <input type="checkbox"/> Hazard <input type="checkbox"/> Occurrence
<b>Nature of Hazard or Occurrence:</b>		<b>Location: (city)</b>
<b>Equipment Malfunction/Failure: ***PILOTS MUST SUBMIT MRA PILOT INCIDENT REPORT FORM***</b>		<b>Report Date: (mm/dd/yyyy)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No   (if yes, describe):		
<b>Property Damage: (Nature, Amount, Severity)</b>		<b>Date of Hazard or Occurrence:</b>
<b>Injury: (Nature, Severity, Number of Injuries)</b>		<b>Time of Hazard or Occurrence: (LCL)</b>

**Describe the Hazard or Occurrence:**

**Provide your thoughts on how to prevent a recurrence:**

**Risk Assessment:**

RISK PROBABILITY	RISK SEVERITY				
	Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
Frequent 5	5A	5B	5C	5D	5E
Occasional 4	4A	4B	4C	4D	4E
Remote 3	3A	3B	3C	3D	3E
Improbable 2	2A	2B	2C	2D	2E
Extremely Improbable 1	1A	1B	1C	1D	1E

**Please indicate the number that reflects your safety risk assessment of the situation:**

Severity:  
 A – Will cause catastrophic damage, fatality or serious injury or extreme loss of operational capacity  
 B – Will cause serious damage, injury or significant loss in ability to conduct operations  
 C – Will cause damage, major injury or moderate reduction in operations  
 D – There is a concern that some damage, minor injuries or a slight reduction in operations could occur  
 E – There is no real concern of damage, injury or loss of operational capacity

Probability:  
 5 – Certain to happen within the next 7 days  
 4 – Likely to occur or be a factor within the next 180 days  
 3 – May occur within the next 6-12 months  
 2 – Unlikely to occur within the next 1-5 years  
 1 – This has never happened before and is not likely to happen again

**(Safety Department Use Only) Notes, corrective actions or additional information:**

<p><b>(Safety Department Use Only) Notes, corrective actions or additional information:</b></p>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Investigation required Report # _____</li> <li><input type="checkbox"/> MoC Change Form submitted Report # _____</li> <li><input type="checkbox"/> SRB Convened/ Reviewed</li> <li><input type="checkbox"/> Report Entered into database</li> <li><input type="checkbox"/> Corrective action not required (ALOS is achieved/ maintained)</li> <li><input type="checkbox"/> Corrective action not possible (not within MRA's control)</li> </ul>
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<b>Reviewed by:</b>	<b>Date:</b>	<b>Status:</b>	<b>Residual Risk Index:</b>
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