


Document No: AAL-MS-FORM-010-A Issued: March 2018 Approved: Facilities Manager	Safety and Security Incident Form	
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Date Opened		Date Closed	
Investigation Reference			
Scope of Investigation	<input type="checkbox"/> Report Only <input type="checkbox"/> Causal Analysis with corrective actions <input type="checkbox"/> Root Cause Analysis with full report <input type="checkbox"/> Change Management Process Required		
Investigation Completed By			
Investigation Report Signed Off By			
Incident Type	<input type="checkbox"/> Report Only <input type="checkbox"/> Near Miss <input type="checkbox"/> Incident Occurrence <input type="checkbox"/> Anti-Social Behavior <input type="checkbox"/> Assault by public/tenant (Physical) <input type="checkbox"/> Assault by public/tenant (Verbal) <input type="checkbox"/> Assault on tenant <input type="checkbox"/> Collision Heavy Road Vehicle <input type="checkbox"/> Collision Illegal Obstruction <input type="checkbox"/> Collision Light Road Vehicle <input type="checkbox"/> Illegal Obstruction of taxiway/runway <input type="checkbox"/> Illegal Vehicles on taxiways/runway <input type="checkbox"/> Injury/Death to passenger <input type="checkbox"/> Injury/Death to public on airfield <input type="checkbox"/> Leak/Spill (DG) <input type="checkbox"/> Leak/Spill (Non DG) <input type="checkbox"/> Load lost <input type="checkbox"/> Loading Irregularity <input type="checkbox"/> Near collision trespasser <input type="checkbox"/> Aircraft Fault <input type="checkbox"/> Bird Strike <input type="checkbox"/> AAL personnel injury/death <input type="checkbox"/> Lighting system failure <input type="checkbox"/> Slip/Subsidence <input type="checkbox"/> AWIB Failure <input type="checkbox"/> Train Parting <input type="checkbox"/> Security Occurrence <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism (Theft) <input type="checkbox"/> Vandalism (Damage) <input type="checkbox"/> Vandalism (Tagging) <input type="checkbox"/> Injury/Death Contractor <input type="checkbox"/> Injury/Death Tenant <input type="checkbox"/> Collision Maintenance Providers – Personnel/Equipment/Trolley/Road Vehicle <input type="checkbox"/> Infrastructure Safety Component Failure <input type="checkbox"/> Collision with AAL Vehicle <input type="checkbox"/> Collision with AAL Personnel <input type="checkbox"/> Collision with Equipment <input type="checkbox"/> Collision with non AAL Person <input type="checkbox"/> Collision off airfield <input type="checkbox"/> Collision Structure <input type="checkbox"/> Collision with trespasser <input type="checkbox"/> Collision with trespassing stock <input type="checkbox"/> Container Doors open <input type="checkbox"/> Damage by Heavy Road Vehicle <input type="checkbox"/> Damage by Light Road Vehicle <input type="checkbox"/> Aircraft Collision <input type="checkbox"/> Electrical Hazard (Excluding OHLE) <input type="checkbox"/> Fire, Smoke, Fumes, Airside <input type="checkbox"/> Fire, Smoke, Fumes, Building <input type="checkbox"/> Flooding <input type="checkbox"/> Near collision Heavy Road Vehicle <input type="checkbox"/> Near collision Light Road Vehicle <input type="checkbox"/> Near collision illegal obstruction <input type="checkbox"/> Near collision Maintenance Providers (Personal/plant/equipment/vehicles) <input type="checkbox"/> Pests <input type="checkbox"/> Aircraft Safety Critical Failure <input type="checkbox"/> Safe Working Irregularity <input type="checkbox"/> Breach of CAA Safety Rules <input type="checkbox"/> Stone/Missile Throwing <input type="checkbox"/> Strops and Chains <input type="checkbox"/> Runway/Taxiway defect <input type="checkbox"/> Trespassing – Person on Corridor		

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	<input type="checkbox"/> Trespassing – Person on Vehicle <input type="checkbox"/> Trespassing – Stock
High Level Causes of Incident	<input type="checkbox"/> People <input type="checkbox"/> Procedures <input type="checkbox"/> Equipment <input type="checkbox"/> Environment <input type="checkbox"/> Barriers <input type="checkbox"/> Communication
Actual Risk	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Severe
Potential Risk	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Severe

		LIKELIHOOD					
		HIGHLY UNLIKELY	UNLIKELY	POSSIBLE	PROBABLE	LIKELY	HIGHLY LIKELY
		A remote event	A very uncommon event Has happened once or twice in the industry	Has occurred several times in the industry	Occurs every few years in the industry	Occurs a few times a year in the industry	A common event in the industry every year
Severity		1 in 100,000 – 1,000,000 or less / year 10^{-4} – 10^{-8}	1 in 10,000 – 100,000 / year 10^{-5} – 10^{-6}	1 in 1,000 – 10,000 / year 10^{-3} – 10^{-4}	1 in 100 – 1,000 / year 10^{-2} – 10^{-3}	1 in 10 – 100 / year 10^{-1} – 10^{-2}	> 1 in 10 / year 10^{-1} – 10^{-0}
CONSEQUENCE CRITERIA	Catastrophic	High	High	Severe	Severe	Severe	Severe
	Major	Medium	High	High	Severe	Severe	Severe
	Serious	Medium	Medium	Medium	High	High	High
	Moderate	Low	Low	Medium	Medium	High	High
	Minor	Low	Low	Low	Low	Medium	Medium
	Slight	Low	Low	Low	Low	Low	Medium

RESIDUAL RISK LEVEL	RISK REVIEW	ACCEPTANCE LEVEL
Very High	Risk requires highest level of governance, review and evaluation of controls and, if practicable, further risk reduction measures must be assessed.	Risk to be accepted by Board
High	Risk requires divisional level of governance, review and evaluation of controls and if practicable further risk reduction measures	Risk to be accepted by CEO
Medium	Risk requires operational management level of self-assurance, review and evaluation of controls and risk reduction measures	Risk to be accepted by CEO and Manager
Low	Risk requires site management level of review and evaluation of controls and risk reduction measures	Risk to be accepted by Manager


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		AREA OF IMPACT					
		Severity	Health and Safety Risk	Environmental Risk	Asset, Production, Business Value or Strategic risk	Legal Compliance Risk	Reputation / Social / Community Risk (note: media includes social media)
CONSEQUENCE CRITERIA	Catastrophic	<ul style="list-style-type: none"> • Multiple fatalities (4+) • Multiple permanent harm health effects 	<ul style="list-style-type: none"> • Wide area impact with permanent damage, or • regional impact with long term effect on ecosystem values, and • which takes longer than 5 years to remediate 	<ul style="list-style-type: none"> • Loss of \$100M or greater, and / or • critical loss of operational capability (>3 months) 	<ul style="list-style-type: none"> • Breach of regulatory compliance obligation resulting in prosecution or prolonged litigation, and/or • financial penalties for the company, and / or • potential jail terms for directors and / or officers of the company, and / or • loss of operating licenses 	<ul style="list-style-type: none"> • Prolonged negative national and international media coverage likely to cause serious brand and reputational harm, and / or • permanent impact on amenity and cultural or commercial values to wider community 	
	Major	<ul style="list-style-type: none"> • Fatality (1-3) • Permanent harm health effects (1-3) 	<ul style="list-style-type: none"> • Wide area impact on ground or ground-water, aquifer or ecosystem values, and • which takes 1 – 5 years to remediate 	<ul style="list-style-type: none"> • Loss between \$10M and \$100M, and / or • serious loss of operational capability (1-3 months) 	<ul style="list-style-type: none"> • Major breach of regulatory compliance obligation resulting in prosecution and litigation, and / or • financial penalties for company, and / or • financial penalties for directors / officers, and / or • loss or long term suspension of operating licence 	<ul style="list-style-type: none"> • Prolonged negative national media coverage likely to cause serious brand and reputational harm, and / or • long term impact on amenity, cultural or commercial values to wider community and likely to generate multiple complaints from widespread sources 	
	Serious	<ul style="list-style-type: none"> • Multiple Lost Time Injuries • Long term health impact 	<ul style="list-style-type: none"> • Wide area impact on ground, ground-water or ecosystem values, and • which takes up to 1 year to remediate 	<ul style="list-style-type: none"> • Loss between \$1m and \$10M, and / or • temporary loss of operational capability (< 1 month) 	<ul style="list-style-type: none"> • Serious breach of regulatory compliance obligation resulting in prosecution, and / or • financial penalties, and / or • short term suspension of operating licence 	<ul style="list-style-type: none"> • Negative local and national media coverage > 1 month, and / or • medium term adverse impact on amenity, cultural or commercial values to wider community, and / or • multiple local complaints and some complaints from the wider community 	
	Moderate	<ul style="list-style-type: none"> • Lost time injury • RWI (permanent) • Medium term health effect 	<ul style="list-style-type: none"> • Local area impact on or off-site, • Any loss to ground or minor waterway • Able to be remediated within 1 month 	<ul style="list-style-type: none"> • Loss between \$100,000 and \$1m, and / or • Disruption to service levels (3 – 10 days). 	<ul style="list-style-type: none"> • Moderate breach of regulatory compliance obligation resulting in investigation or report to regulator with possible prosecution, and / or • potential for fines / penalties 	<ul style="list-style-type: none"> • Negative local and national media coverage 1-4 weeks, and / or • medium term impact on amenity, cultural or commercial values to local community, and / or • 4-10 complaints from local community 	
	Minor	<ul style="list-style-type: none"> • Medical treatment • Restricted work injury (RWI) (temporary) • Short term health effect 	<ul style="list-style-type: none"> • Local area on-site impacted. • Any loss to ground • Able to be remediated within 1 week 	<ul style="list-style-type: none"> • Loss \$10,000 - \$100,000, and / or • Temporary loss of operational capability (1-2days). 	<ul style="list-style-type: none"> • Minor breach of regulatory compliance obligation– notifiable or non-notifiable, investigation or compliance notice from regulator, and / or • minor penalties or fines 	<ul style="list-style-type: none"> • Negative media coverage locally less than 1 week, some national media possible, and / or • minor, short term impact to local community, and / or • 1-3 local complaints. 	
	Slight	<ul style="list-style-type: none"> • First aid or no treatment injury • Minor health effects • Immediate return to normal duties 	<ul style="list-style-type: none"> • Release to secondary containment with no on or off-site impact. • Able to be cleaned up same day 	<ul style="list-style-type: none"> • Loss of operational capability - short term (hours) process disruption, and / or • less than \$10,000 impact 	<ul style="list-style-type: none"> • Technical, non-notifiable breach of regulatory compliance obligation resulting in a warning, and / or • on the spot fine 	<ul style="list-style-type: none"> • Negative local media coverage 1 day, and / or • no individual complaints or individual low level complaint 	


Incident Details			
Incident Date		Incident Time	
Date of Notification		Time of Notification	
Weather Conditions	<input type="checkbox"/> Stormy <input type="checkbox"/> Foggy <input type="checkbox"/> High Winds <input type="checkbox"/> Moderate Wind <input type="checkbox"/> Calm <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Slight Rain <input type="checkbox"/> Drizzle <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Sunny	Approx Wind Speed	<input type="checkbox"/> 0 -10 Km/hr <input type="checkbox"/> 20 -30 km/hr <input type="checkbox"/> 30-40 km/hr <input type="checkbox"/> 40-50km/hr <input type="checkbox"/> >50km/hr
Visibility	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
SSOP Undertaken at time of incident	Primary Effect 1		
	Primary Effect 2		

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Incident Description	
Location Name	<input type="checkbox"/> Seal 03 <input type="checkbox"/> Seal 21 <input type="checkbox"/> Grass 03 <input type="checkbox"/> Grass 21 <input type="checkbox"/> Grass 07 <input type="checkbox"/> Grass 25 <input type="checkbox"/> Grass Yankee <input type="checkbox"/> Juliet <input type="checkbox"/> November <input type="checkbox"/> Kilo <input type="checkbox"/> Lima <input type="checkbox"/> Hotel <input type="checkbox"/> W1 <input type="checkbox"/> W2 <input type="checkbox"/> W3 <input type="checkbox"/> Mike <input type="checkbox"/> A7 <input type="checkbox"/> Echo <input type="checkbox"/> Sierra <input type="checkbox"/> Delta <input type="checkbox"/> Charlie <input type="checkbox"/> Bravo <input type="checkbox"/> A2 <input type="checkbox"/> Alpha <input type="checkbox"/> Romeo <input type="checkbox"/> Oscar <input type="checkbox"/> Papa <input type="checkbox"/> Quebec <input type="checkbox"/> Uniform <input type="checkbox"/> Victor <input type="checkbox"/> Starlett Lane <input type="checkbox"/> A1 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> A5 <input type="checkbox"/> A6 <input type="checkbox"/> Avenger <input type="checkbox"/> Cessna <input type="checkbox"/> SE Apron <input type="checkbox"/> Western Apron <input type="checkbox"/> Tower Apron <input type="checkbox"/> Helicopter Northern Aiming Point <input type="checkbox"/> Helicopter Southern Aiming Point <input type="checkbox"/> TLOF 1 <input type="checkbox"/> TLOF 2 <input type="checkbox"/> TLOF 3 <input type="checkbox"/> TLOF 4 <input type="checkbox"/> Runup Area <input type="checkbox"/> Harvard Lane <input type="checkbox"/> Corsair Lane <input type="checkbox"/> McBride Lane <input type="checkbox"/> Tiger Moth <input type="checkbox"/> Kitty Hawk <input type="checkbox"/> Victa Lane <input type="checkbox"/> Dakota Lane <input type="checkbox"/> Doubtless Lane <input type="checkbox"/> Tower Building <input type="checkbox"/> Admin Building <input type="checkbox"/> Off Airport
Airside Occupancy Site Information	
Name of the Work Supervisor In Charge of Works	<input type="checkbox"/> Non-Applicable
Name of the Company Undertaking Physical Works	<input type="checkbox"/> Non-Applicable
Was the works Supervisor on site at the time of the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable

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Airside Safety Officer In Charge Of Site	<input type="checkbox"/> Non-Applicable		
Qualification Held	<input type="checkbox"/> Non-Applicable		
Distance from location of incident at time of incident	<input type="checkbox"/> Non-Applicable		
Diagram of site when Incident Occurred			
Method Of Works Plan attached to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable		
Pre Work brief attached to this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable		
NOTAM Used By Staff at time of incident	NOTAM Reference Numbers:		
Radios Working at time of incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	VHF Channel(s) Used	
Cell Phone Working at time of incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Place Clearly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start of Shift Time (24Hr Clock)		End of Shift Time (24Hr Clock)	
Number of Hours Into Shift at time of incident		Drug & Alcohol Post Incident Testing Status	<input type="checkbox"/> No Drugs Detected in system <input type="checkbox"/> No Alcohol Detected in system <input type="checkbox"/> Drugs Detected in system <input type="checkbox"/> Alcohol Detected in system <input type="checkbox"/> Non-Applicable
Number of shifts undertaken since last day off		Length of service in current position	

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Total length of Aviation service	<input type="checkbox"/> Non-Applicable		
Is the Air Safety Observer required to wear corrective lenses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable	If YES, were they wearing them	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable
Was Eye Protection being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable	Was Ear Protection being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable
Is the Air Safety Observer subject to any medical restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable	Details	
Were additional Air Safety Observer used	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If YES, how many If yes, use additional sheets for each site protector	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Injury Details			
Injury/Injuries Sustained	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Number of Persons Injured/Fatal	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+
Fatality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Regulatory Notifications	<input type="checkbox"/> Not Required	<input type="checkbox"/> CAA <input type="checkbox"/> Worksafe NZ	<input type="checkbox"/> TAIC <input type="checkbox"/> Other:
Date and Time Notified (Attach Documents to this form)			
Who was injured? (Use additional sheets if more than one person)			
Role			
Task undertaking at time of injury			
Was this person certified for the task?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why? <input type="checkbox"/> TRA Not done <input type="checkbox"/> Working outside competency/SSOP <input type="checkbox"/> Other		
Drug & Alcohol Post Incident Testing Status	<input type="checkbox"/> Not Tested <input type="checkbox"/> No Drugs Detected in system <input type="checkbox"/> No Alcohol Detected in system <input type="checkbox"/> Drugs Detected in system <input type="checkbox"/> Alcohol Detected in system		

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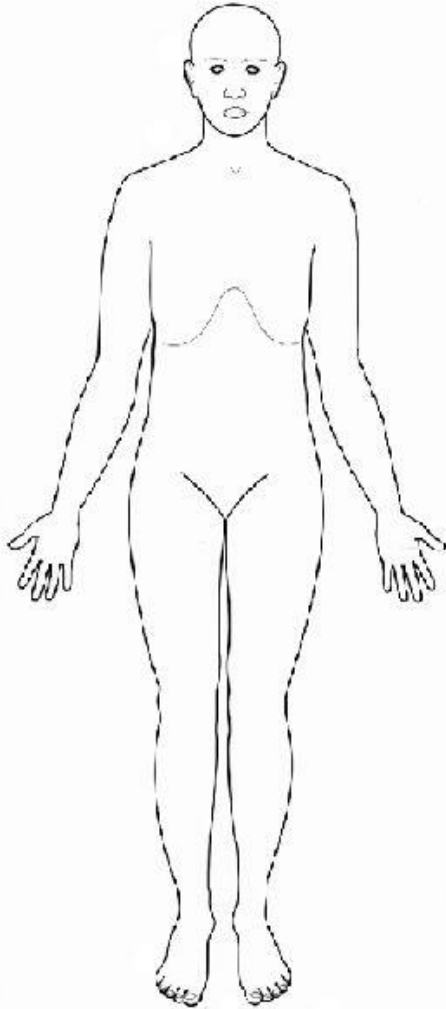
Was Eye Protection being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was Ear Protection being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was High Visibility Clothing being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was above ankle lace up footwear being worn at the time of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was any other PPE being worn or was required to be worn at the time of injury	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Please outline
Classification of Injury	<input type="checkbox"/> Report Only <input type="checkbox"/> Minor – No medical attention or First Aid Attention required <input type="checkbox"/> Minor – Medical Attention required (<input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Missed Time Injury) <input type="checkbox"/> Moderate – Medical Attention Required (<input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Missed Time Injury) <input type="checkbox"/> Severe - Medical Attention Required (<input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Missed Time Injury) <input type="checkbox"/> Fatality <input type="checkbox"/> Regulatory Notification Required
Injury Type	<input type="checkbox"/> Head Injury <input type="checkbox"/> Limb Injury <input type="checkbox"/> Loss of limb <input type="checkbox"/> Torso Injury <input type="checkbox"/> Sprain <input type="checkbox"/> Fracture or multiple Fractures <input type="checkbox"/> Penetration Injury <input type="checkbox"/> Loss of blood <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Electrocution <input type="checkbox"/> Drowning <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Death

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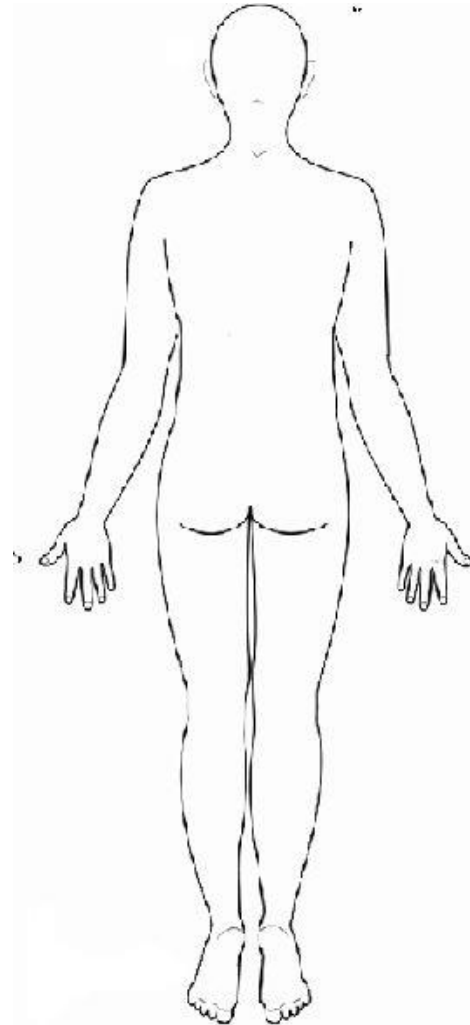
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Part of Body affected (Front)



Part of Body affected (Back)



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Aircraft Vehicle Involvement		Motor Vehicle Involvement	
ID		Registration Number	
Vehicle Type	<input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Drone <input type="checkbox"/> Other	Make, Model, Colour and Year	
Vehicle start point		Vehicle start point	
Vehicle end point		Vehicle end point	
Length	m	Speed	Km/hr
Weight	t	Insurance Company	
Speed	Km/hr	WOF/COF Valid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Operator		Name of Operator	
Is the operator qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the operator qualified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug & Alcohol Post Incident Testing Status	<input type="checkbox"/> Not Tested <input type="checkbox"/> No Drugs Detected in system <input type="checkbox"/> No Alcohol Detected in system <input type="checkbox"/> Drugs Detected in system <input type="checkbox"/> Alcohol Detected in system	Drug & Alcohol Post Incident Testing Status	<input type="checkbox"/> Not Tested <input type="checkbox"/> No Drugs Detected in system <input type="checkbox"/> No Alcohol Detected in system <input type="checkbox"/> Drugs Detected in system <input type="checkbox"/> Alcohol Detected in system
Description of Damage		Description of Damage	
\$ Value Damage		\$ Value Damage	

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Environmental Damage			
Type of Environmental Impact	<input type="checkbox"/> N/A <input type="checkbox"/> Water Pollution <input type="checkbox"/> Air Pollution <input type="checkbox"/> Soil Pollution <input type="checkbox"/> Thermal Pollution <input type="checkbox"/> Radioactive Pollution <input type="checkbox"/> Noise Pollution <input type="checkbox"/> Light Pollution	Immediate Actions Taken to contain	
Regulatory Body Notified	<input type="checkbox"/> N/A <input type="checkbox"/> Local Authority <input type="checkbox"/> Ministry For Environment <input type="checkbox"/> Emergency Services <input type="checkbox"/> Ministry Primary industries	Actions taken to clean up	
Witness 1		Witness 2	
Name		Name	
Address		Address	
Phone Number		Phone Number	
Witness Statement Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Witness Statement Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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Immediate Actions Taken			
Action 1 Taken		By	
Action 2 Taken		By	
Action 3 Taken		By	
Action 4 Taken		By	
Action 5 Taken		By	
Investigation Findings			
Cause 1			
Cause 2			
Cause 3			
Cause 4			
Cause 5			

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Corrective Actions			
Corrective Action	Who is Responsible	By when	Completed Date
Change Management Process Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>Residual Risk Rating After All Actions Taken:</u> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Severe			