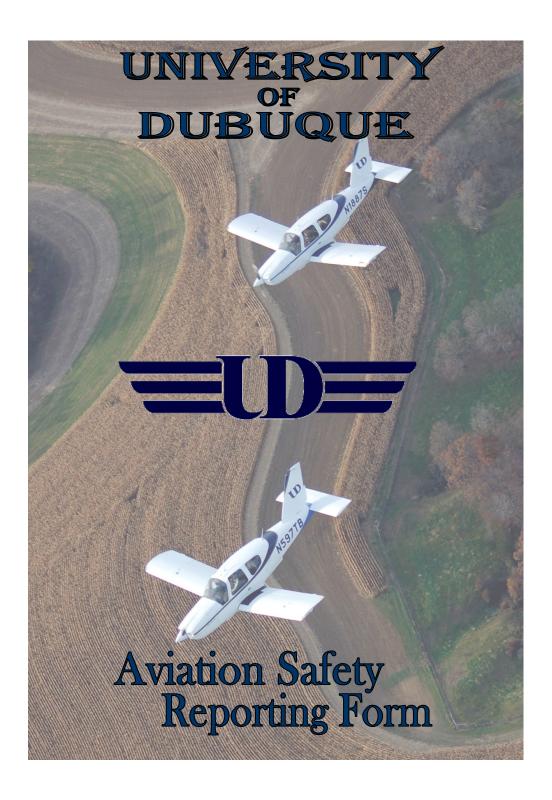We have the responsibility to keep safety in the forefront of our thinking whenever we engage in any aviation activity, so we can make our flying as safe as possible. We have the responsibility to recognize, analyze, and improve all unsafe situations and practices that we see. Improvement of safety is what this form is for.

Review Record

Aviation Safety Manager   _____   Date _____

Director of Maintenance   _____   Date _____

Director of Operations   _____   Date _____

Chief Flight Instructor   _____   Date _____

Aviation Department Chair   _____   Date _____

Safety and Security Director   _____   Date _____

VP of Academic Affairs   _____   Date _____

VP of University Relations   _____   Date _____

University President   _____   Date _____

Action

UNIVERSITY OF DUBUQUE

UD

Aviation Safety Reporting Form

Identification
(optional)

Name: _____   **Date:** _____

Phone #: _____   **Email**:_____

General Information

Date of Event: _____   **Time of Event:** _____UTC

Type of Event (check all that apply)

- ◇ Aircraft / Property Damage
- ◇ Bird / Wildlife Strike
- ◇ Blown / Flat Tire
- ◇ Fuel Quantity
- ◇ Hard Landing / Tail

- ◇ Strike
- ◇ Hazardous Ground Ops
- ◇ Improper pre/post-flight
- ◇ Lost / Disoriented
- ◇ Maintenance

- ◇ Miscommunication
- ◇ Overdue Aircraft
- ◇ Traffic Conflict
- ◇ Violation (FAR or UD Policy)
- ◇ Other _____

Reporter (check all that apply)

- ◇ Instructor
- ◇ Student
- ◇ PIC
- ◇ Pilot Flying
- ◇ Pilot Not Flying
- ◇ Maintenance
- ◇ Other

Flying Time

Total: _____   Last 90 Days: _____   Time in Type: _____

Certificates/Ratings (check all that apply)

- ◇ Student
- ◇ Private
- ◇ Instrument
- ◇ Commercial
- ◇ Multi-Engine
- ◇ CFI
- ◇ CFII
- ◇ MEI

Conditions

Airspace

◇ Class B   ◇ Class C   ◇ Class D   ◇ Class E   ◇ Class G

Ceiling: _____   **Visibility:**_____   **Winds:** _____

Conditions cont.

Weather (check all that apply)

- ◇ VMC
- ◇ IMC
- ◇ Rain
- ◇ Fog
- ◇ Ice
- ◇ Snow
- ◇ T-storm
- ◇ Turbulence
- ◇ Wind Shear
- ◇ Other _____

Mission

Make/Model of Aircraft: _____   **Tail Number:** _____

Mission

◇ Dual Training   ◇ Solo Training   ◇ Other

Flight Plan

◇ VFR   ◇ IFR   ◇ Did Not File

Phase of Flight

- ◇ Taxi
- ◇ Takeoff
- ◇ Climb
- ◇ Enroute
- ◇ Decent
- ◇ Approach
- ◇ Landing
- ◇ Maneuvers
- ◇ Other _____

Narrative

Please provide an account of the events that took place. Also include why the incident occurred and any solutions or suggestions you may have.

** Use additional pages as needed.