

FLYING NZ HAZARD OCCURRENCE FORM

Date of Occurrence		Time NZST		Aerodrome	
Type of Hazards / Occurrences	Technical or Operational	Organisation or Work Environment	Natural & External Factors	Economic and Business Issues	
Is the Hazard or Occurrence Actual or Potential	<input type="checkbox"/> Aircraft defect –engine <input type="checkbox"/> Aircraft defect - avionics <input type="checkbox"/> Aircraft defect – other <input type="checkbox"/> Unauthorised Flight <input type="checkbox"/> Pilot Currency / Medical <input type="checkbox"/> Pre Flight Oversights <input type="checkbox"/> Flight Planning <input type="checkbox"/> Collision (incl hangar rash) <input type="checkbox"/> Taxiing / Runway Incursion <input type="checkbox"/> Near Miss <input type="checkbox"/> ATC / Airspace Incursion <input type="checkbox"/> Circuit Incursion / Conflict <input type="checkbox"/> Radio Calls <input type="checkbox"/> Landing <input type="checkbox"/> SOPs Oversight <input type="checkbox"/> Situational Awareness Issue <input type="checkbox"/> Other _____	<input type="checkbox"/> Facilities <input type="checkbox"/> Aerodrome <input type="checkbox"/> Personnel <input type="checkbox"/> Communications <input type="checkbox"/> Internal Complaints <input type="checkbox"/> Polices & Procedures <input type="checkbox"/> Documentation <input type="checkbox"/> Safety Improvement <input type="checkbox"/> Regulatory Oversights <input type="checkbox"/> OSH & Protection <input type="checkbox"/> Resource Issue <input type="checkbox"/> Non Compliance <input type="checkbox"/> Change Management <input type="checkbox"/> Conflict of Interest <input type="checkbox"/> Other _____	<input type="checkbox"/> Weather <input type="checkbox"/> Bird Strike <input type="checkbox"/> Other Wildlife <input type="checkbox"/> Flood <input type="checkbox"/> Epidemics <input type="checkbox"/> Volcanic <input type="checkbox"/> Public / Third Party - Noise Complaint - Laser - Regulation / By Law <input type="checkbox"/> Design Deficiency <input type="checkbox"/> Other _____	<input type="checkbox"/> Operating Costs <input type="checkbox"/> Overheads <input type="checkbox"/> Cost/Benefit <input type="checkbox"/> Recession <input type="checkbox"/> Government Policy - CAA - NZQA - TEC - Dept of Labour <input type="checkbox"/> Other _____	
Details of Occurrence / Hazards / Incident	(use separate sheet if required)				
Aircraft Make & Model			Aircraft Registration		
Pilot in Command			PIC Log Book Hours		
Nature of Flight	Competition or Practice or Other Dual or Solo		Licence Type	RPL /PPL /CPL AMC /Other	
Stage of Flight Training	<input type="checkbox"/> Pre solo <input type="checkbox"/> Pre PPL <input type="checkbox"/> Pre CPL X/C <input type="checkbox"/> Pre CPL	<input type="checkbox"/> SEIFR <input type="checkbox"/> IFR X/C <input type="checkbox"/> MEIR <input type="checkbox"/> C Cat Training			
Flight Phase	<input type="checkbox"/> Hangar <input type="checkbox"/> Parked <input type="checkbox"/> Pre Flight <input type="checkbox"/> Taxiing	<input type="checkbox"/> Takeoff <input type="checkbox"/> Climb <input type="checkbox"/> Circuit <input type="checkbox"/> Hover	<input type="checkbox"/> Cruise <input type="checkbox"/> Holding <input type="checkbox"/> Low Flying <input type="checkbox"/> Mountain/Terrain	<input type="checkbox"/> Aerobatics <input type="checkbox"/> Approach <input type="checkbox"/> Descent <input type="checkbox"/> Landing	
Effect on Flight	<input type="checkbox"/> Nil <input type="checkbox"/> Runway excursion <input type="checkbox"/> Avoiding action <input type="checkbox"/> Turnback <input type="checkbox"/> Diversion <input type="checkbox"/> Flight aborted	<input type="checkbox"/> Failure to get airborne <input type="checkbox"/> Aborted takeoff <input type="checkbox"/> Precautionary landing <input type="checkbox"/> Abnormal approach <input type="checkbox"/> Abnormal landing <input type="checkbox"/> Abnormal cruise		<input type="checkbox"/> Go around <input type="checkbox"/> Missed approach <input type="checkbox"/> Precautionary descent <input type="checkbox"/> Overweight landing <input type="checkbox"/> Loss of control/performance <input type="checkbox"/> Other	

Reported By		CAA 005 Required	Yes / No
Root Cause	CFI / OC Flying/ Event Director Internal Investigator to complete		
Investigated by _____ Date _____			
Risk Analysis	What is the likelihood of a similar occurrence happening again?		
Frequent <i>within 30 days</i> 5	Occasional <i>6 months</i> 4	Seldom <i>1 year</i> 3	Remote <i>5 years</i> 2
			Improbable <i>> 5 years</i> 1
	What could be the worst consequence (severity) if this occurrence did happen again?		
Catastrophic 5	Hazardous 4	Major 3	Minor 2
			Negligible 1
Correction Action Required	CFI / OC Flying / Event Director		
Preventative Action Required	CFI / OC Flying / Event Director		
Date Action To Be Completed By			
Actioned By		Date	
Is a Competition Rule Book Amendment Required? NO / YES			
Communication to Clubs	Method:	Date	
Quality Improvement Form Closed	CFI / OC Flying / Event Director	Date	

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