GFA SMS SAFETY REPORT FORM

CLUB:										
Part 1 - Safety Report										
To be completed by the person identifying the event, error or hazard										
Name of reporter		Report submission date								
Location of event/hazard		Date and time of event								
Describe the event or identified hazard										
Do you have any suggestions on how to prevent similar occurrences? Has any action been taken to minimise										
hazard?										

GFA-SMS-021 REV 0 1

Part 2 Initial Safety Risk Assessment using GFA Risk Matrix									
To be completed by the Club Safety Officer (CSO)									
Severity/consequences									
□ 1 Minor	☐ 2 Moderate			⊒ 3 Notable		☐ 4 Significant		cant	□ 5 Catastrophic
Likelihood		-							
☐ 1 Very Unlikely	☐ 2 Unlikely			3 Possible		☐ 4 Likely			□ 5 Almost certain
Risk Tolerability as per the Risk Matrix (tick)									
□ Low Risk		☐ Medium Ris		k		High Risk			☐ Extreme Risk
Report Number			Da	te En	tered into	the F	Risk Regi	ister	
Name of CSO			•		Signatur	е			
Immediate Action Taken									
Does this need to be entered into IRIS?	5.V 5.N			Date	and				
entered into iRis?	_	□ Yes □ No		Person comple		ted			
Does the CFI or Panel				Does the A/W officer					
chair need to be informed? If so, dated done	☐ Yes ☐ No			need to be informed? If ☐ Yes ☐ No so, date done.					☐ Yes ☐ No
Part 3	}	Safety Co	omm			anc	l Closed	out.	
Part 3 Safety Committee Review and Closeout									
Actions Taken									
Further Actions to be Taken									
Procedures changed		☐ (specify)							
Hazard eliminated		☐ (how)							
Risk Register Updated		☐ (when)							
Communicated to others By		□ club members via □ Regional Safety Officer □ Regional Operations □ Regional Airworthiness □ GFA □ CASA □ Regional clubs □ other							
Signed President/ CEO					Da	ate C	losed		

GFA-SMS-021 REV 0 2