OSU Safety Reporting System Input

If you think that it is hazardous, please invest in your program - we want to hear about it!

Please print this form and fill it out.

Name (Last, First)
- Optional -

Contact phone number
- Optional -

Reporter type (circle: Student, CFI, Check Airmen, DPE, Mechanic, Dispatcher, Other)
Date of event or situation (MM/DD/YYYY)
Time of event or situation (Local time)
Type of Hazard / Event Title / Situation (circle all that apply)

- Airplane
- Airport
- ATC / Airspace
- Bird Strike
- Building
- Diversion
- Dual / Solo (PIC)
- Emergency
- Engine Shutdown
- Fire / Smoke
- FOD
- FAR (concern/violation)
- Flight Training
- Go-Around
- Hard Landing
- Injury
- Near-Miss (aircraft separation of less than 500 ft)
- Physiological
- Ramp
- Runway Incursion
- Wake Turbulence
- Weather / Flight conditions
- Other (please indicate)

Phase of Flight (circle all those that apply)

- Parked
- Taxi out
- Takeoff
- Initial climb
- Climb
- Cruise
- Practice Area
- Holding
- Descent
- Approach
- Traffic Pattern
- Landing
- Taxi in
- Towing
- Other (please indicate)

Describe Event / Situation (Discuss the chain of events, safety issue, human performance, airmanship, considerations that you feel are relevant and anything else you think is important. Include what you believe is really the issue, and what can be done to prevent a recurrence, or correct the situation. Include relative factors [weather, ATC, airfield conditions, etc.])

Follow-Up Action (Please document what actions or notifications you have taken in regard to your submission. This is especially important if your report suggests a downing aircraft status should be the result.

Please deposit this form into metal OSU Safety Suggestion Box at the OSU Flight Center, thank you!