# Occurrence Report

ASR/MSR/EOR/OHR/SOR

20170425

### Martinair FLIGHT ACADEMY

Please safe this file first before typing your information, rename with your reference. After completion e-mail this file to safetyreport@martinair.com.

### Reporter information

First and last

Name

**Function** 

E-mail

Confidential

Event date (dd/ mm/yyyy)

**Dangerous Goods** 

### General information

Type of occurrence

Air Safety Report

Maintenance Safety Report

Environmental Safety Report

Occupational Safety Report Security Occurrence Report

Non Compliance Report

Time of the occurrence

Flight number

#### Aircraft registration

**Airport** 

Runway or location

Position of the aircraft

Airspace Class

# Specific information

Flight or

maintenance phase

Altitude (ASR)

Speed (ASR)

IMC or VMC IMC

(ASR) VMC

Serial/part no

(MSR)

Injury treated or BHV actions

multiple injuries Ambulance called (OHR)

Hospitalization Injury to others

Other

Weather conditions

Day light

Role of involved person when other than reporter

### Parties involved

Parties informed Emergency Services

Airport Authority

Local governmental authority

External expert

Police

Inspection Authority name:

# Summery of the event

Title of the event

Details of situation on next page

Please describe the incident