

Incident Report Form

PO Box 503, Longreach, QLD 4730 | P: +61 7 4658 3766 | ACN 081 257 490



This form is to be completed within 24 hours of the incident and forwarded to LRE Airport Manager

Incident Classification					
Incident Type	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Environmental	<input type="checkbox"/> IT		
	<input type="checkbox"/> Aviation Safety	<input type="checkbox"/> Aviation Security	<input type="checkbox"/> Fraud		
<input type="checkbox"/> Fatality	<input type="checkbox"/> LTI	<input type="checkbox"/> MTI	<input type="checkbox"/> FAI	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Noise
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Security	<input type="checkbox"/> Complaint	<input type="checkbox"/> Journey	<input type="checkbox"/> Report Only
<input type="checkbox"/> Property Damage	<input type="checkbox"/> Chemical Spill	<input type="checkbox"/> Electricity	<input type="checkbox"/> Operational	<input type="checkbox"/> Financial	<input type="checkbox"/> Other
Incident Details					
Incident Location:					
Date of Incident: / /			Time of Incident: <input type="checkbox"/> am <input type="checkbox"/> pm		
Persons Involved					
Name:		<input type="checkbox"/> Staff	<input type="checkbox"/> Contractor	<input type="checkbox"/> Tennant	
Address:		<input type="checkbox"/> Public	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Defence	
Company:					
Phone:			Email:		
Date of Birth:	/ /	Approx Age		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Incident Details Attach separate sheet if more space required					
Description / Sequence of Events:					

Immediate Action Taken:					

Witness Details Attach separate sheet if more space required					
Name:			Phone:		
Name:			Phone:		
Person Reporting Incident					
Name:		<input type="checkbox"/> Employee	<input type="checkbox"/> Contractor	<input type="checkbox"/> Photos Attached	
Address:					
Phone:			Email:		
Signature					

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Notifications		Please tick all relevant boxes				
Were Regulatory Authorities Involved/Advised?	<input type="checkbox"/> Qld Police	<input type="checkbox"/> Qld Ambulance	<input type="checkbox"/> Qld Fire	<input type="checkbox"/> ARFF	<input type="checkbox"/> WHSQ	
	<input type="checkbox"/> TAPL	<input type="checkbox"/> Australian Border Force		<input type="checkbox"/> AEO	<input type="checkbox"/> Spare	
	<input type="checkbox"/> CASA	<input type="checkbox"/> OTS	<input type="checkbox"/> ABC	<input type="checkbox"/> Spare	<input type="checkbox"/> Other	

WHSQ= Workplace Health & Safety Queensland, CASA=Civil Aviation Authority Australia, OTS=Office of Transport & Security, ABC=Airport Building Controller, AEO=Airport Environment Officer, ARFF=Aviation Rescue Fire Fighting.

Injury Treatment		Please tick all relevant boxes	
Treated By:		Company:	
Description of First Aid Given:			
Severity:	<input type="checkbox"/> Minor First aid injury	<input type="checkbox"/> Moderate Medical treatment not requiring hospitalisation	<input type="checkbox"/> Major Medical treatment requiring hospitalisation
	<input type="checkbox"/> Significant Moderate irreversible disability	<input type="checkbox"/> Catastrophic Single fatality and/or severe irreversible disability	

Vehicle/Property Incident Details	
Damage To:	<input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Tenant <input type="checkbox"/> TAPL
Vehicle/Property Owner:	
Property Damaged:	
Type:	Registration:
Equipment Involved:	

Aerodrome Incident Details		Please tick all relevant boxes	
<input type="checkbox"/> Airside Driving	<input type="checkbox"/> Aircraft Incident	<input type="checkbox"/> Airside Vehicle Control	
<input type="checkbox"/> Foreign Object Debris	<input type="checkbox"/> Ground Service Equipment	<input type="checkbox"/> Jet Blast / Prop Wash	
<input type="checkbox"/> OLS or PANS-OPS Infringement	<input type="checkbox"/> Runway Incursion	<input type="checkbox"/> Airport Operations	
<input type="checkbox"/> Other - Specify	<input type="checkbox"/> Airport Security		
Equipment Involved:			
Operator:	SMS Investigation Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
Aircraft Type:	Registration:	Flight Number:	

Spill Details		Please tick all relevant boxes	
Product Spilt:	<input type="checkbox"/> Hydrocarbons <input type="checkbox"/> Sewage <input type="checkbox"/> Chemical <input type="checkbox"/> Other		
Discharged To:	Water Contaminated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground Surface:	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Concrete	<input type="checkbox"/> Grass <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Other
Quantity:	L	Area:	m ² Duration: Minutes Hours Days
Aircraft/Equipment Operator:		Registration:	
Aircraft/Equipment Type:			
Clean Up Materials Used:	<input type="checkbox"/> Absorbent Pads <input type="checkbox"/> Other	Quantities Used:	