

# SAFETY REPORTING FORM

## PERSONAL INFO

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company: \_\_\_\_\_ Contact Method: ☐ Email ☐ Phone ☐ Do not contact me

## INCIDENT REPORT

Type of Report: ☐ Hazard Safety Concern or Safety Event ☐ Incident ☐ Accident ☐ Near Miss  
☐ Airfield Safety Event ☐ Security Event/Concern ☐ Injury ☐ Property/Vehicle Damage ☐ Other  
Date & Time You Observed a Hazard: \_\_\_\_\_ Are You A... ☐ Tenant ☐ Employee ☐ Other  
Airport: ☐ TIX ☐ COI ☐ X21 Specific Location: \_\_\_\_\_  
Describe the Hazard, Incident, Observation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL DETAILS

### Was Anyone Injured?

☐ Yes ☐ No

### Was There Any Property Damage?

☐ Yes ☐ No

### What were the weather conditions at the time you observed the hazard?

<input type="checkbox"/> Clear	<input type="checkbox"/> Smoke	<input type="checkbox"/> Night
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Unknown	<input type="checkbox"/> Reduced Visibility
<input type="checkbox"/> Dense Fog	<input type="checkbox"/> Windy	<input type="checkbox"/> Twilight
<input type="checkbox"/> Overcast	<input type="checkbox"/> Day	<input type="checkbox"/> VFR
<input type="checkbox"/> Partly Cloudy	<input type="checkbox"/> Dry	<input type="checkbox"/> Other Weather: _____
<input type="checkbox"/> Rain	<input type="checkbox"/> Dusk	_____

### How would you best classify the hazard you are reporting?

<input type="checkbox"/> FAA Discrepancy	<input type="checkbox"/> Noise	<input type="checkbox"/> Taxiway Excursion	<input type="checkbox"/> Vehicle Taxiway Deviation
<input type="checkbox"/> Facility/Utility Issue	<input type="checkbox"/> Notice of Violation (NOV)	<input type="checkbox"/> Theft	<input type="checkbox"/> Vehicle to Vehicle Conflict
<input type="checkbox"/> Foreign Object Debris (FOD)	<input type="checkbox"/> ODOR	<input type="checkbox"/> Unsafe Driving	<input type="checkbox"/> Weather Related
<input type="checkbox"/> Hazmat or Fuel Spill/Leak	<input type="checkbox"/> Ramp Operations	<input type="checkbox"/> Unsafe GSE Equipment	<input type="checkbox"/> Wildlife
<input type="checkbox"/> Health and Safety	<input type="checkbox"/> Runway Excursion	<input type="checkbox"/> Vehicle Failure to Yield to Aircraft	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Jet Blast	<input type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Vehicle/Pedestrian Deviation	_____

Describe any recommendations you have to correct this issue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have photos or videos, please share with TICO Authority Admin team.  
321.267.8780 or [admins@flyspacecoast.org](mailto:admins@flyspacecoast.org)