

# Flight Safety Event Report

Note: The contents of this report are confidential. Details contained in this report are used for safety analysis only. Please file as soon as possible after occurrence. Form can be handed in at the FBO counter or emailed to [earle.thompson@auburn.edu](mailto:earle.thompson@auburn.edu) and [afoutz@auburn.edu](mailto:afoutz@auburn.edu)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

List Aircraft Involved and Registration: \_\_\_\_\_

Person Submitting and Best Contact (optional): \_\_\_\_\_

**Phase of Flight:** Check all that apply

<input type="checkbox"/>	Pre-Flight	<input type="checkbox"/>	Takeoff	<input type="checkbox"/>	Holding	<input type="checkbox"/>	Landing	<input type="checkbox"/>	Post flight
<input type="checkbox"/>	Boarding	<input type="checkbox"/>	Climb	<input type="checkbox"/>	Descent	<input type="checkbox"/>	Parking	<input type="checkbox"/>	
<input type="checkbox"/>	Taxi	<input type="checkbox"/>	Cruise	<input type="checkbox"/>	Approach	<input type="checkbox"/>	Deplane	<input type="checkbox"/>	

**ACTION TAKEN**

<input type="checkbox"/> Declared Emergency	<input type="checkbox"/>	Rejected T/O
<input type="checkbox"/> Abnormal Procedure	<input type="checkbox"/>	Go Around/Missed Approach
<input type="checkbox"/> Emergency Procedure	<input type="checkbox"/>	Air Turn Back
<input type="checkbox"/> Divert	<input type="checkbox"/>	Stop
<input type="checkbox"/> Ground Return	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	

**DESCRIPTION OF EVENT AND RECCOMENDATION TO ELIMINATE/REDUCE HAZARD**