

VOLUNTARY SAFETY REPORT			
Name of Reporter			
Organisation / Position			
Date of Occurrence (DDMMYY)		Time of Occurrence	

The information supplied on this form will only be used to enhance safety. You may choose not to provide your personal details above and submit the report confidentially. If you do provide your name, on receipt of this form your name and position will be removed and discarded. Under no circumstances will the Heliport disclose your identity to any other person in the airport or to any other organisation, agency or person without your express permission.

Part A: To be completed by the person identifying the hazard				
Description of Hazard (please include as much detail as possible including location)				
Weather Condition	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Icy <input type="checkbox"/>	
Visibility	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
What do you consider to be the severity potential if this occurrence happened again?				
Minor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
				Major 5 <input type="checkbox"/>
What is the likelihood of a similar occurrence happening again?				
Rare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
				Likely 5 <input type="checkbox"/>
Suggestions for Mitigation or Corrective Action				

Part B: To be completed by internally by The London Heliport			
This report has been de-identified and entered into the company database			<input type="checkbox"/>
Name		Date	
What action is required to eliminate or control the hazard and prevent injury?			
What resources are required?			
Further comments:			
Corrective Action Required By (DDMMYY)		Person Responsible	
Date Corrective Action Completed (DDMMYY)		Completed By	