Safety Report – Form SMS 2

Incident/Hazard Report SMS Form 2			Part 1
To be completed by the person identifying the hazard or event			
Name of Reporter		Date	
Location of event/hazard		Time	
Describe the event or hazard, include environmental conditions at the time.			
Any suggestions on how to prevent a similar event/hazard?			
In your opinion what is the likelihood of such an event happening again?			
Extremely Improbable to Frequent			
1	2	3	4	5
What do you consider the worst possible consequence if this did happen?			
Negligible Catastrophic			
1	2	3	4	5
Is this a Immediately Reportable Matter (IRM)? YES / NO		IF YES submit the report to the SO	

Incident/Hazard Report	SMS Form 2	Part 2

To be completed by the SO .			
The report has been de-identified and recorded in the companies safety data base			
Report ref. #		Date	
SO Name		Signature	
Should this report be submitted to another Organisation's SMS? – YES / NO			

Incident/Hazard Report	SMS Form 2	Part 3

Carry out an Investigation Considering the following key headings;- To be completed by the SO.
People;
Environment;
Equipment;
Procedures;
Organisation;

Please return to Safety Officer - Andy Griffin
safety@kilcoyairfield.club