



Oxford Flying Club Confidential Safety Report

Name of Reporting Member Note: Optional and will be redacted.	Aircraft # or Approximate Location: Note: Optional and will be redacted.	Date Reported:
1. Date of Event: _____ Local Time (24hr approx okay): _____		
2. Type of Event - check all appropriate responses		
Aborted Takeoff	Foreign Object Damage	Collision Hazard
Abnormal Landing	Weather	Airport Hazard
Hangar Safety	Maintenance Issue/Discrepancy	Other (Please add description)
3. Weather Conditions - check all appropriate responses		
IMC or VMC	Thunderstorm	Icing
Cold/Heat Related	Turbulence	Crosswind
Precipitation	Windshear	Other (Please add description)
4. Phase of Operation - check all appropriate responses		
Ramp/Hangar Area	Takeoff	Descent
Preflight	Climb	Approach
Taxi-Out	Enroute	Landing
5. Pilot Action - check all appropriate responses		
Declared Emergency	Trouble Shooting In Flight	Diverted From Planned Dest.
Emergency Checklist	Trouble Shooting On Ground	Requested Medical Assist.
Requested Crash/Rescue	NASA Report Filed	Aircraft Grounded
Contact Airport Manager	Activated ERP	Other (Please add description)
6. Comments or Suggestions: <i>Is additional information attached:</i>		
Reporting Member Summary:		
7. Name of Safety Officer or Designee: _____ Date Reviewed: _____		
Probability: _____	Severity: _____	Investigation Summary Attached: _____
Resulting Risk Code: _____		Assigned Tracking # _____
Committee Summary:		
<i>Note: Risk Assessment Code of 4 or more resets the OFC Safety Clock</i>		
<i>Note: Risk Assessment Code of 5 requires immediate notification of Club President.</i>		
<i>Note: Information identifying any member will be redacted for anonymity. Please provide as much as possible.</i>		
Thank you for your interest in your Safety Program.		