

Ramp Incident Report

Incident Title: _____ (One line statement of the main features of the incident)																																							
Damage in: _____ (Aircraft, Equipment, Facilities) (please specify)		Date: Time of occurrence: Phase of operation: Area (Stand, etc.): Aircraft Registration: Aircraft Type: Flight No.: Scheduled Ground Time: Flight Delay: _____ hrs. _____ min. Flight Cancelled (Yes/ No) (delete as appropriate)																																					
Damage by: _____ (X) Aircraft <input type="checkbox"/> Ramp Equipment <input type="checkbox"/> Vehicle <input type="checkbox"/> Foreign Object <input type="checkbox"/> Jet Blast <input type="checkbox"/> Unknown (Previously Unreported) <input type="checkbox"/> Other (specify): _____																																							
Details of Incident/ Damage:		Number of Casualties <div style="display: flex; justify-content: space-around;"> Fatalities Non Fatal </div> Employees: _____ Passengers: _____ Others: _____																																					
Vehicle/ Ramp Equipment Details and Condition: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Serviceable (X)</th> <th style="text-align: center;">Faulty (X)</th> </tr> </thead> <tbody> <tr><td>Tires</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Brakes</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Steering</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Lights</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Wipers</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Protection</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Warning Devices</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Stabilizers</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Tow Hitch</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Field of Vision</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td colspan="3" style="text-align: center;">from Driving Position</td></tr> </tbody> </table>			Serviceable (X)	Faulty (X)	Tires	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>	Lights	<input type="checkbox"/>	<input type="checkbox"/>	Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Protection	<input type="checkbox"/>	<input type="checkbox"/>	Warning Devices	<input type="checkbox"/>	<input type="checkbox"/>	Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>	Tow Hitch	<input type="checkbox"/>	<input type="checkbox"/>	Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>	from Driving Position			Serial Fleet Nr.: Type: Owner: Area (Stand, etc.): Age of Vehicle/ Ramp Eq.: Last Overhaul: Remarks:	
	Serviceable (X)	Faulty (X)																																					
Tires	<input type="checkbox"/>	<input type="checkbox"/>																																					
Brakes	<input type="checkbox"/>	<input type="checkbox"/>																																					
Steering	<input type="checkbox"/>	<input type="checkbox"/>																																					
Lights	<input type="checkbox"/>	<input type="checkbox"/>																																					
Wipers	<input type="checkbox"/>	<input type="checkbox"/>																																					
Protection	<input type="checkbox"/>	<input type="checkbox"/>																																					
Warning Devices	<input type="checkbox"/>	<input type="checkbox"/>																																					
Stabilizers	<input type="checkbox"/>	<input type="checkbox"/>																																					
Tow Hitch	<input type="checkbox"/>	<input type="checkbox"/>																																					
Field of Vision	<input type="checkbox"/>	<input type="checkbox"/>																																					
from Driving Position																																							
Details of Personnel Involved:																																							
Name: Job Title: Company: Staff Nr. (if known): License:		Name: Job Title: Company: Staff Nr. (if known): License:																																					
Name: Job Title: Company: Staff Nr. (if known): License:																																							
Weather Conditions		Surface Conditions																																					
(Use of metrological report) Visibility:m km Wind/ gust:/ If kts Temperature: c		Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Fog <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Contamination <input type="checkbox"/>																																					
		Good <input type="checkbox"/> Poor <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight <input type="checkbox"/>																																					
Contributory Factors (if known to identifier) Identify by code (as per the Ground Safety Instructions Manual) the factors which in your opinion contributed to the incident by major factor: _____ Other factors (specify): _____																																							
Report prepared by: _____ Position: _____ Signature: _____																																							

Ramp Incident Report