



SAFETY MANAGEMENT MANUAL

5 APPENDICES

B Operational Safety Report (OSR)

B. OPERATIONAL SAFETY REPORT

	<h1>OSR</h1> <h2><u>Operational Safety</u></h2> <h2><u>Report</u></h2>		Safety Department ref. nr:
			<h1>AIR SAFETY REPORT</h1>
GENERAL INFORMATION			
1. FULL NAME AND CONTACT INFORMATION - (tel, extension, fax, e-mail) : babu,admin@admin.com,11,,			
2. CAPTAIN : asd <input checked="" type="checkbox"/> PF <input type="checkbox"/> PNF		3. CO-PILOT : asd <input checked="" type="checkbox"/> PF <input type="checkbox"/> PNF	
4. OTHER :			
5. DATE : May 25, 2016	6. TIME : <input type="checkbox"/> UTC <input type="checkbox"/> Local	7. AIRCRAFT TYPE :	8. REGISTRATION : asd
9. FLIGHT NUMBER :	10. FROM : asd	11. TO : asd	12. POSITION (geogr. Co-ord) :
13. ALTITUDE : asd	14. SPEED/MACH : asd	15. ACTUAL WEIGHT :	16. REMAINING FUEL :
17. ATL REF. :	18. DELAY (min) :	19. DIVERSION :	20. NR CREW : 21. NR. PAX :

22. FLIGHT PHASE : parked <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> PUSH BACK <input type="checkbox"/> TAXI OUT <input type="checkbox"/> TAKE OFF <input type="checkbox"/> INITIAL CLIMB <input type="checkbox"/> CLIMB <input type="checkbox"/> CRUISE <input type="checkbox"/> HOLDING <input type="checkbox"/> DESCENT <input type="checkbox"/> APPROACH <input type="checkbox"/> LANDING <input type="checkbox"/> TAXI IN					
23. DESCRIPTION OF OCCURRENCE (add forms if necessary) : sad					
METEOROLOGICAL INFORMATION					
24. IMC/VMC :		25. VCM (km) :		26. WIND DIRECTION (deg) :	
27. WIND SPEED :		28. VISIBILITY :		29. CEILING :	
30. CLOUDS :		31. TEMPERATURE :		32. QNH :	
33. WEATHER CONDITION : <input type="checkbox"/> SOFT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE <input type="checkbox"/> TURBULENCE <input type="checkbox"/> WIND-SHEAR <input type="checkbox"/> RAIN <input type="checkbox"/> HAIL <input type="checkbox"/> MIST <input type="checkbox"/> FOG <input type="checkbox"/> SNOW					
34. RUNWAY :		35. RUNWAY CONDITION : <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Mist <input type="checkbox"/> Snow			36. RVR (M) :
37. AUTO PILOT :		38. AUTO THRUST :	39. GEAR : <input type="checkbox"/> UP <input type="checkbox"/> DOWN	40. FLAP :	41. SLAT :
				42. SPOILERS :	
TCAS INFORMATION (traffic)					
43. TYPE OF ALERT : <input type="checkbox"/> None <input type="checkbox"/> RA <input type="checkbox"/> TA		44. TYPE OF RA :		45. RA FOLLOWED? : <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATC PROCEDURES					
46. LEVEL OF RISK : <input type="checkbox"/> None <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH		47. EVASIVE ACTIONS : <input type="checkbox"/> YES <input type="checkbox"/> NO		48. REPORTED TO ATC? : <input type="checkbox"/> YES <input type="checkbox"/> NO	
49. ATC INSTUCTIONS : <input type="checkbox"/> None <input type="checkbox"/> CLIMB <input type="checkbox"/> DESCENT <input type="checkbox"/> TURN LEFT <input type="checkbox"/> TURN RIGHT		50. USED FREQUENCY :		51. HEADING :	
52. HEADING OF THE OTHER AC :					

AIRPROX			
53. VER. SEPARATION :		54. HOR. SEPARATION :	
BIRD STRIKE			
55. TYPE OF BIRD :	56. nr of BIRDS :	57. SIZE :	58. AREAS AFFECTED :
59. ADVISED EARLIER? : <input type="checkbox"/> YES <input type="checkbox"/> NO	60. LIGHTING CONDITIONS :	61. CODITION OF THE SKY : <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDED <input type="checkbox"/> DARK	
BIRD STRIKE			
62. Course of the AC : <input type="checkbox"/> NONE <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	63. GLIDSLOPE POSITION : <input type="checkbox"/> HI <input type="checkbox"/> LOW <input type="checkbox"/> ON	64. POS. ON EXTENDED CENTR. LINE. : <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> ON	
65. CHANGE IN PITCH (deg) :	66. CHANGE IN ROLL (deg) :	67. CHANGE IN YAW (deg) :	
68. CHANGE IN ALT. :	69. SPEED BUFFET? :	70. STICKSHAKER? :	
71. SUSPECTED WAKE TURBULANCE :		72. SIGN. VERTICAL ACCELARATION :	
73. DETAILS OF AC WAKE TURBULANCE? :		74. ADVISE TO OTHER AIRCRAFT :	
HUMAN FACTORS			
75. PERSON INVOLVED (name) [optional field] :		76. FUNCTION/POSITION : <input type="checkbox"/> Crew <input type="checkbox"/> Ground <input type="checkbox"/> Other	
77. TYPE OF INFLUENCE : <input type="checkbox"/> Crew actions <input type="checkbox"/> External <input type="checkbox"/> Organizational <input type="checkbox"/> Personal			
78. COMMENTS :			
Please sent this information to the Safety Department at your earliest convenience but no later than 24 hours after the occurrence, via fax +597 430230 or via e-mail : safety@slm.firm.sr			
This form can also be submitted via the company website: www.flyslm.com You may report anonymously			