



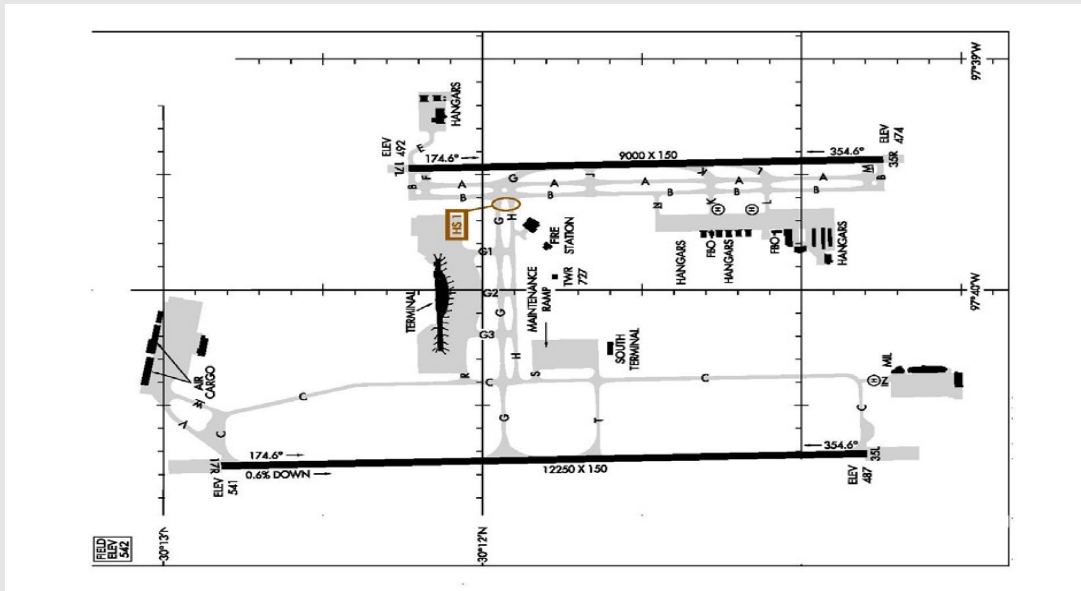
Report of Hazard, Unsafe Condition or Practice Safety Reporting System (SRS)

Please use this form to report an aviation safety concern, perceived hazard, potentially unsafe behavior or condition at the Austin-Bergstrom International Airport (AUS), using one of the following methods:

- Complete print and US Mail this form to:
AUS Safety Office, 3201 A Presidential Blvd, 5th flr Austin, Texas 78719
- Scan and email the completed form to: aus.safety@flyaustin.com
- Call the Airport Operations Center (AOC) at: **512-530-2242**

PART 1 - EMPLOYEE	
Date:	Time:
I am reporting hazard related to: <input type="checkbox"/> Facility <input type="checkbox"/> Material <input type="checkbox"/> Procedure <input type="checkbox"/> Equipment <input type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Hazardous Condition <input type="checkbox"/> Hazardous Behavior	
Weather/Visibility: <input type="checkbox"/> Rain <input type="checkbox"/> Wind <input type="checkbox"/> Thunderstorm <input type="checkbox"/> Ice/Snow <input type="checkbox"/> Dawn/Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Smoke <input type="checkbox"/> Dust	
Location of Hazard/Identification: Passenger Terminal: <input type="checkbox"/> East Concourse <input type="checkbox"/> West Concourse <input type="checkbox"/> Roadway <input type="checkbox"/> Parking <input type="checkbox"/> Baggage <input type="checkbox"/> Ticketing <input type="checkbox"/> Security Screening <input type="checkbox"/> East Matrix (BHS) <input type="checkbox"/> West Matrix (BHS) <input type="checkbox"/> Food Court <input type="checkbox"/> Restroom <input type="checkbox"/> Other _____	
AOA: <input type="checkbox"/> Airline Ramp <input type="checkbox"/> Runway <input type="checkbox"/> Taxiway <input type="checkbox"/> FBO <input type="checkbox"/> South Terminal <input type="checkbox"/> Tug Tunnel <input type="checkbox"/> Airfield Roadway <input type="checkbox"/> Aircraft Maintenance Ramp <input type="checkbox"/> Fuel Farm <input type="checkbox"/> Cargo	
Landside Access: <input type="checkbox"/> Roadway <input type="checkbox"/> Arrival Level <input type="checkbox"/> Departure Level <input type="checkbox"/> Curb <input type="checkbox"/> Parking <input type="checkbox"/> Walkway <input type="checkbox"/> Campus Building (Name): _____	
Items Involved in the Event: <input type="checkbox"/> Door <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Wheelchair <input type="checkbox"/> Air Stairs <input type="checkbox"/> Gate <input type="checkbox"/> Smart Carte <input type="checkbox"/> Stairs <input type="checkbox"/> Furniture <input type="checkbox"/> Shuttle <input type="checkbox"/> Passenger Boarding Bridge <input type="checkbox"/> PC Air Unit <input type="checkbox"/> GSE (type) _____	
Aircraft Details: Registration # N _____ Aircraft Type: _____	
Environmental: <input type="checkbox"/> Spill <input type="checkbox"/> Gasoline <input type="checkbox"/> Avgas <input type="checkbox"/> Jet-A <input type="checkbox"/> Hydraulic <input type="checkbox"/> Deicing Fluid <input type="checkbox"/> Fuel Farm <input type="checkbox"/> Storm Drain/Detention	
Description of Hazard (Please provide a detailed description of the event or hazard) <i>Continued on attached sheets</i> <input type="checkbox"/>	
Suggestions on how to correct the hazard: <i>Continued on attached sheets</i> <input type="checkbox"/>	
Name (optional):	Phone Number (optional):
<p style="text-align: center;">*Confidentiality Statement</p> <p>The goal of the SMS Safety Reporting System (SRS) is to provide a venue where all AUS users; DOA employees, tenants, stakeholders, and agents, can anonymously share a concern for aviation safety hazard(s) or unsafe behavior encountered or observed on the AUS campus. The SRS form has the potential to contain personally identifiable information. Reports that identify involvement of third party individuals, tenants, and agents of AUS may be unprotected. The State of Texas and City of Austin "Open Records" requirements may ultimately preempt employee confidentially.</p>	

AIRPORT DIAGRAM (MARK LOCATION OF HAZARD OBSERVED)



PART 2 - INVESTIGATOR

Hazard Report #: _____
 A – Airside T – Terminal L – Landside
 Date Format - Year-Month-Day *Example (A-19-09-10)*

Received by Safety Office:
 Date: _____

Safety Risk Analysis Required (No, Informal, Formal): _____

Safety Risk Analysis Completed By:

Date Safety Risk Analysis Completed:

Summary of Investigation: _____ *Continued on attached sheets*

Recommendations/Comments (Policy, Repair CIP, etc): _____ *Continued on attached sheets*

Reviewed By (Print): _____

Date: _____

Reviewer' Signature: _____

Disposition/Status: Open _____/Closed _____ **Date:** _____

Feedback Provided to Employee(s) : Yes _____/No _____ **Date:** _____

PART 3 – CORRECTIVE ACTION

Approved By (Printed): _____

Date: _____

Approved By (Signature): _____