

# Defence Air Safety Occurrence Report

## Laser/HP Illumination



Indicates Mandatory Field

Original Reference  
Number

Date of Occurrence  
(dd/mm/yyyy)

### Details of Reporter

Rank/Title

Full Name

Job Title

Contact Details

Number of Laser(s)/High  
Powered light

Light Source Type

Was Laser/Light Eye  
Protection (LEP) available/used  
during incident

Approx Duration of  
Laser(s) on (seconds)

Fixed/Rotary

Distraction

Glare

Afterimages

Injury

Has the incident been  
reported to the police?

Crime Reference Number

Medical consultation  
Undertaken/intended