

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 | |