Defence Air Safety Occurrence Report



| Reporter's Section | | Indicates Mandatory Field | | |
|---|-----------------------------------|--|---|--|
| Occurrence Type | | 04 | | |
| Occurrence Type | | Other | | |
| Additional Reports | | | | |
| Aeronautical Informat | ion Air Traffic Manageme | ent Airprox | Bird Strike | |
| Human Fatigue | Laser/HP Illumination | h Lightning Strike | Loose Article | |
| MALDROP | Parachuting | Uncharted Obstruction | SESOR (DE&S use only) | |
| etails of Individual Re | port Occurrence | | | |
| Rank/Title | | Full Name | | |
| Job Title | | | | |
| Contact Number | | | | |
| Contact Email | | | | |
| Role During Occurrence | | | | |
| Was this DASOR generated from an In- Form/EMS report? | | In Form/EMS Serial No. | | |
| Injuries | | | | |
| | Military Personnel Civilian Perso | onnel | | |
| Deaths (Number) | | Please refer to the HSE website to evaluate reportable, you are required to complete a R | if the injury is reportable. If an injury is IDDOR Report. | |
| Specified injuries (Number) | | All incidents can be reported online but a telephone service is also provided for reporting fatal/specified incidents only - call the Incident Contact Centre on 0345 300 9923 | | |
| Over-7-day Incapacitation (Number) | | (opening hours Monday to Friday 8.30 am to | o 5 pm). | |
| Occurrence Details | | | | |
| Date of Occurrence (dd/mm/yyyy) | | Time of Occurrence (HH:MM) | | |
| Time of Day | | Place of Occurrence (No Operationally Sensitive Information) | | |
| Country | | | | |
| (No Operationally Sensitive Information) | | Linit/San/Elight/Site | | |
| (No Operationally Sensitive Information) | | Unit/Sqn/Flight/Site | | |
| (No Operationally Sensitive Information) | | Operation Name | | |
| (No Operationally Sensitive Information) Ship/Station/Organisation | | | | |
| (No Operationally Sensitive Information) Ship/Station/Organisation Exercise Name | | | | |
| (No Operationally Sensitive Information) Ship/Station/Organisation Exercise Name Local Reference Number OME Related | D | Operation Name Please check with your Unit Explosives Safety Representative | | |
| (No Operationally Sensitive Information) Ship/Station/Organisation Exercise Name Local Reference Number OME Related | D | Operation Name Please check with your Unit Explosives Safety Representative | | |
| (No Operationally Sensitive Information) Ship/Station/Organisation Exercise Name Local Reference Number OME Related ircraft Involved (Not fr | or ATM use) | Operation Name Please check with your Unit Explosives Safety Representative | (No Spaces):LetterLetterNumberNumberNumber | |

Other (Please State)

Meteorological & Environmental Conditions

| | Workplace Temp (°C) | Workplace (e.g. Cockpit, hangar) |
|---------------|---------------------|-------------------------------------|
| | Working Light Level | OAT(°C) |
| | Weather Conditions | Visibility Distance (m) |
| | Sea State | Icing |
| (State Units) | Wind Speed | Wind Direction |
| | Cloud Height (ft) | Cloud Cover |
| | Intensity | Precipitation Type |
| | | Altimator/Prossura |

Altimeter/Pressure Setting

Flight Details

| 0 | |
|------------------------------------|--|
| Nature of Flight | Flight Phase |
| Number of Flight Crew | Number of Passengers |
| Point of Departure | Point of Next Intended Landing |
| Night Vision System Used | Light Level |
| Flight Conditions (VMC/IMC) | Type of Air Traffic Service |
| Type of Mission Control | IAS (KT) or Mach No |
| Altitude | Flight Level (FL) |
| Turbulence | Runway/Landing/HLS Surface Type |
| Runway/Landing/HLS Condition | Date of last flight before this event |
| Date of last sim before this event | Experience on type |
| Perceived alertness level | |

Briefed Task (No Operationally Sensitive Information)

Description of Event Brief Title Narrative Description of Event

What are / could be the Air Safety implications of this report?

Perceived Severity

| High | There are few or no remaining barriers that could credibly have prevented a loss of life or significant injury, leaving outcome to chance. |
|------------|---|
| Medium | The remaining barriers are weak or can be missed, leaving a clear path |
| Low | The remaining barriers appear adequate in the protection they offer against loss of life or significant injury. |
| Negligible | There is no readily conceivable means through which this occurrence could have led to a loss of life or significant injury. |