

GROUND INCIDENT/ACCIDENT/DAMAGE REPORT, continued

Part 5. NUMBER OF CASUALTIES		
<p style="text-align: center;">Non Fatal</p> <p>Employees: _____</p> <p>Passengers: _____</p> <p>Others: _____</p>	<p style="text-align: center;">Fatalities</p> <p>_____</p> <p>_____</p> <p>_____</p>	
Part 6. CONDITIONS		
<p>Weather</p> <p>Use of official met. report (ATIS) _____</p> <p>Visibility _____ m _____ km</p> <p>Wind/gust _____ / lf kts</p> <p>Temperature _____ c</p>	<p>Surface</p> <p>dry <input type="checkbox"/></p> <p>wet <input type="checkbox"/></p> <p>snow <input type="checkbox"/></p> <p>slush <input type="checkbox"/></p> <p>ice <input type="checkbox"/></p> <p>contamination <input type="checkbox"/></p>	<p>Lighting</p> <p>good <input type="checkbox"/></p> <p>poor <input type="checkbox"/></p> <p>day <input type="checkbox"/></p> <p>night <input type="checkbox"/></p> <p>twilight <input type="checkbox"/></p>
Part 7. CONTRIBUTORY FACTORS		
Identify by code factors which in your opinion contributed to the incident/accident by major factor		
<p>Behaviour</p> <p>B1 Excess speed <input type="checkbox"/></p> <p>B2 Communications failure <input type="checkbox"/></p> <p>B3 Failure to see <input type="checkbox"/></p> <p>B4 Spatial misjudgement (distance, height or width) <input type="checkbox"/></p> <p>B5 Poor judgement <input type="checkbox"/></p> <p>B6 Distraction <input type="checkbox"/></p> <p>B7 Poor discipline <input type="checkbox"/></p> <p>B8 Lack of practice in that task <input type="checkbox"/></p> <p>B9 Incapacitation (ill health, alcohol, other drugs, fatigue, etc. Specify in narrative overleaf) <input type="checkbox"/></p> <p>B10 Vandalism/Malicious Intent <input type="checkbox"/></p>	<p>Physical circumstances</p> <p>P1 Weather conditions <input type="checkbox"/></p> <p>P2 Surface conditions <input type="checkbox"/></p> <p>P3 Inadequate lighting <input type="checkbox"/></p> <p>P4 Glare/blinding light <input type="checkbox"/></p> <p>P5 Noise <input type="checkbox"/></p> <p>P6 Congestion <input type="checkbox"/></p> <p>P7 Limited space <input type="checkbox"/></p> <p>P8 Walkway/road layout <input type="checkbox"/></p> <p>P9 Ramp layout <input type="checkbox"/></p> <p>P10 Building/facility layout <input type="checkbox"/></p> <p>P11 Signs and markings <input type="checkbox"/></p> <p>P12 Construction/maintenance work <input type="checkbox"/></p> <p>P13 Foreign objects/debris <input type="checkbox"/></p> <p>P14 Jetblast/Propwash <input type="checkbox"/></p>	<p>Regulations/procedures not followed</p> <p>R1 Standard operating procedures <input type="checkbox"/></p> <p>R2 Safety regulations <input type="checkbox"/></p> <p>R3 Traffic regulations <input type="checkbox"/></p> <p>R4 Personal protective equipment <input type="checkbox"/></p> <p>R5 Validity of operator certification <input type="checkbox"/></p>
<p>Equipment</p> <p>E1 Defective maintenance <input type="checkbox"/></p> <p>E2 Incorrect use <input type="checkbox"/></p> <p>E3 Unsuitable for task <input type="checkbox"/></p> <p>E4 Unsafe for task <input type="checkbox"/></p> <p>E5 Design problem <input type="checkbox"/></p>	<p>Organisational</p> <p>O1 Lack of standard procedures <input type="checkbox"/></p> <p>O2 Inadequate time (scheduled to perform task) <input type="checkbox"/></p> <p>O3 Inadequate supervision <input type="checkbox"/></p> <p>O4 Insufficient personnel (assigned to task) <input type="checkbox"/></p> <p>O5 Inadequate training <input type="checkbox"/></p>	<p>Other (Specify any other contributory factors)</p>
Part 9. ACTIONS TAKEN IMMEDIATELY AFTER DAMAGE ON SITE		
<p>_____</p> <p>_____</p> <p>_____</p>		
Part 10. DOCUMENTS ATTACHED TO REPORT		
	(√)	(√)
INVOLVED PERSONNEL TRAINING FILE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INVOLVED PERSONNEL CURRENT WORK SCHEDULE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
INVOLVED EQUIPMENT MAINTENANCE PROGRAM	YES <input type="checkbox"/>	NO <input type="checkbox"/>
METEOROLOGICAL REPORT (ATIS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Part 11. REPORT PREPARED BY		
Company name and functions: _____		
Details in report is approved by (Name, surname of manager: _____)		
<p>GROUND INCIDENT/ACCIDENT/DAMAGE REPORT SHALL BE ISSUED WITHIN 24 HOURS</p> <p>• FILLED FORM SEND TO AIRBALTIC: e-mail: groundops@airbaltic.lv</p>		