



Ground Accident Report Form (Please / as appropriate)

Investigator's Name _____	Phone: _____
Accident Date: _____	Time _____ Location _____

EMPLOYEE INFORMATION

Name _____ Employee Staff No. _____

Phone: _____ Position _____ Organisation/ Dept. _____

Date of Employment: _____ Time in Present Position _____ Valid Drivers Lic. No. _____

Type of shift (5x2) (4x3) (4x4) etc _____ Shift started _____ Shift ended _____

Duty time worked in the last 4 days: _____ (including O.T/shift trades) _____ Hrs _____

INJURY TO THE EMPLOYEE (S) Yes No If so, describe: _____

WITNESS Name: _____ Local A/P authority video available? Yes No

Company & Position: _____

Statement Attached: Yes No. Phone (Work) _____ Phone _____

(Home) _____

ACCIDENT DESCRIPTION: _____

PHASE OF A/C OPERATION

A/C type, Model, Nationality & Registration marks _____

Ground Equipment Type: _____ Number: _____

- Arrival Departure Bridge Operations Towing Eqpt. Position/Staging
- Offload Taxi Run-Up Ramp Driving/ Towing
- Servicing Maintenance Other (State) _____

Are there established procedures, indicate source (Manual, location, etc) _____

CONTRIBUTING ACTS (Human Factors)

- Lack of Communication Complacency Lack of knowledge
 Distraction Lack of Teamwork Fatigue Lack of Resource Pressure
 Lack of Assertiveness Stress Lack of suspension Inadequate Instructions

CONTRIBUTION FACTORS:

- Inadequate standard/procedure Insufficient manpower
 Lack of relevant training for task Lack of suspension Inadequate instructions
 A/C settling/movement safety practices not enforce Other: _____

UNSAFE CONDITIONS:

- Defective equipment Inadequate lighting Work surface Condition
 Weather/visibility Congested work area Other (Specify): _____

CAUSE: _____

ACTION TO PREVENT RE-OCCURRENCE

Person responsible for follow-up _____ Completion date: _____