



REPUBLIC OF GHANA

VOLUNTARY SAFETY REPORTING FORM



GHANA CIVIL AVIATION AUTHORITY

Submitted as a Confidential Report

Yes No

A. OWNERS INFORMATION	
1. DATE	2. SOURCE (LOCATION/ORGANISATION):
3. DESCRIPTION OF OPERATION / PROCESS / SYSTEM / EQUIPMENT (Related to this Safety Report):	

B. HAZARD INFORMATION <i>(Tick as applicable. If space provided is not enough, additional sheets may be added):</i>	
1. DESCRIPTION OF HAZARD?	
INCIDENT <input type="checkbox"/>	SERIOUS INCEIDENT <input type="checkbox"/>
ACCIDENT <input type="checkbox"/>	OTHERS <input type="checkbox"/>
2. THE HAZARD IS <i>(Tick as applicable):</i>	
TEMPORARY (<i>Transcient / one-time</i>) <input type="checkbox"/>	RECURRING <input type="checkbox"/>
PERMANENT <input type="checkbox"/>	
3. DESCRIPTION OF CREDIBLE CONSEQUENCE <i>(Optional):</i>	
:	



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REPORTER NAME AND CONTACT (Optional):	
<p>Note: <i>The Reporter is assured that his/ her identity will be protected by the Voluntary Reporting System. This information is only to facilitate any necessary clarification with the reporter on the Hazard information provided, where necessary.</i></p>	
Date:	
REPLY EXPECTED:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

FOR GCAA USE ONLY		
Reported information has been registered with following description(s) { <i>Tick as applicable</i> }		
<input type="checkbox"/> GENERIC HAZARD <hr/> <hr/>	<input type="checkbox"/> SPECIFIC HAZARD <hr/> <hr/>	HAZARD ID CODE: <hr/> <hr/>
<input type="checkbox"/> UNSAFE EVENT HAZARD <hr/> <hr/>	<input type="checkbox"/> CONSEQUENCE <hr/> <hr/>	GCAA PERSONNEL: <hr/> <hr/>
SIGNATURE OF ASI	TITLE	DATE