



<b>EMPLOYEE SMS RECOGNITION NOMINATION – SMS FORM 114</b>			
<b>Nominator’s Name:</b>		<b>Department(s):</b>	
<b>Nominee’s Name:</b>		<b>Nominee’s Department:</b>	
<b>Nominee’s Supervisor:</b>		<b>Supervisor’s Signature:</b>	
<b>Description of action(s) worthy of recognition:</b>			
<b>Date and place observed:</b>			
<b>SSQA Office Use</b>			
<b>Date received:</b>		<b>Date reviewed:</b>	
<b>Additional information:</b>			
<b>Nomination Accepted:</b>	<b>Yes or No</b>	<b>Date:</b>	<b>Comments:</b>
<b>Award Level Granted:</b>		<b>Date</b>	<b>Comments:</b>



## HAZARD IDENTIFICATION REPORT – SMS FORM 120

<b>Name (optional):</b>		<b>Department:</b>	
<b>Telephone:</b>			
<p>The above information is confidential. This portion will be removed from the form and returned to you as a receipt. No record of your identity will be kept. You may be contacted for additional information prior to submitting the information into the SMS process.</p>			
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<b>Description of the issue or hazard (If additional space is needed please write on a separate plain sheet and attach):</b>			
<b>Date and place observed:</b>			
<b>How do you recommend fixing the problem?</b>			
<b>To be completed by the SSQA Manager:</b>			
<b>Hazard Tracking Number Assigned:</b>			
<b>Investigator Assigned:</b>		<b>Date assigned:</b>	
<b>Action taken:</b>			
<b>Actions Accepted:</b>	<b>Yes or No</b>	<b>Date:</b>	<b>Comments:</b>
<b>Further Action Required:</b>	<b>Yes or No</b>	<b>Date</b>	<b>Comments:</b>
<b>Feedback Provided:</b>	<b>Yes or No</b>	<b>Date</b>	<b>Comments:</b>



**HAZARD WORKSHEET – SMS FORM 121 (page 1)**

Hazard #	Hazard Description	Causes	System State	Possible Effect(s)	Severity/ Rationale	Probability / Rationale	Existing Safety Controls



**HAZARD WORKSHEET – SMS FORM 121 (page 2)**

Initial Risk	Recommended Safety Controls	Residual Risk	Control Assigned To:	Control Planned Date	Control Implemented Date	Follow-up Audit Date



**VOLUNTARY AND CONFIDENTIAL REPORTING FORM  
SMS FORM 129**

**REF NO:**

Name (Optional):

Department:

Telephone:

Date:

Signature:

The above information is confidential. This portion will be removed from the form and returned to you as a receipt. No record of your identity will be kept. You may be contacted for additional information prior to submitting the information into the SMS process.

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**A. AIRCRAFT RELATED EVENTS**

Aircraft Call Sign:

Aircraft Type:

Registration:

Departure Point:

Time of Departure:

Route:

Destination:

Operator:

ETA:

Phase of Flight:  Climbing  Descending  Cruising  Taxiing  Landing  
 Rolling  Stationary  Others

Please specify, if other:

**B. OTHER EVENTS**  Equipment / Facility  Procedure  Personnel  Others

Please specify, if other:

**C. THE OCCURRENCE (Detailed Description of the Occurrence)**  
(If additional space is needed, please write on a plain sheet and attach to this form)

**D. OFFICIAL ACTION:**

Submitted to SSQA Manager:

Date

Time

**SSQA Manager (Comments/Action Taken):**

Assigned Investigator:

Date

Time

Feedback Provided:  Yes  No

Date

Time

**Comments:**