

GROUND SAFETY REPORT

GSR REFERENCE

____ / ____ / ____

1 TYPE OF EVENT					
<input type="checkbox"/> (8) AERODROME FACILITIES	<input type="checkbox"/> RUNWAY/TAXIWAY CONDITION	<input type="checkbox"/> BIRD/ANIMAL STRIKE			
<input type="checkbox"/> (9) GROUND HANDLING & SERVICING	<input type="checkbox"/> DANGEROUS GOODS	<input type="checkbox"/> OTHER			
2 LOCATION					
Date of occurrence	Time (UTC)	Airport	Location		
			<input type="checkbox"/> Runway	<input type="checkbox"/> Taxiway	<input type="checkbox"/> Apron <input type="checkbox"/> Gate
Runway	Taxiway		Apron/Parking		Gate
3 AIRCRAFT & FLIGHT DATA					
Flight Number	A/C type	A/C Registration	From	To	Pax/Crew /
3a GROUND EQUIPMENT & VEHICLE					
<input type="checkbox"/> Vehicle 1 / Type:	N° ID:	Driver:	Company:		
<input type="checkbox"/> Vehicle 2 / Type:	N° ID:	Driver:	Company:		
4 WEATHER CONDITION					
Wind /	VIS/RVR – visibility m.	Temp °	QNH/Air Pressure mb		
<input type="checkbox"/> Sunrise	<input type="checkbox"/> Day	<input type="checkbox"/> Dawn	<input type="checkbox"/> Night		
<input type="checkbox"/> Fog	<input type="checkbox"/> Hail	<input type="checkbox"/> Ice	<input type="checkbox"/> Rain	<input type="checkbox"/> Snow	<input type="checkbox"/> Wind <input type="checkbox"/> Windshear ⇒
					<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy/Severe
5 CONSEQUENCES (if known)					
Flight	<input type="checkbox"/> Rejected Take-off	<input type="checkbox"/> Return to stand	<input type="checkbox"/> Evacuation	<input type="checkbox"/> Delay/Code	
	<input type="checkbox"/> Declared Emergency	<input type="checkbox"/> Flight Interruption/Diversion	<input type="checkbox"/> Flight Cancellations	<input type="checkbox"/> Other	
Infrastructures	<input type="checkbox"/> Reduced availability	<input type="checkbox"/> Closed			
Aircraft damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Destroyed/Total Loss	<input type="checkbox"/> Lightly Damaged	<input type="checkbox"/> Substantially Damaged	
Injuries to pax/staff	<input type="checkbox"/> None/Not Significant	<input type="checkbox"/> Fatal	<input type="checkbox"/> Minor	<input type="checkbox"/> Serious	
6 ADDITIONAL INFORMATION (if known)					
<input type="checkbox"/> ACCIDENT		<input type="checkbox"/> SERIOUS INCIDENT		<input type="checkbox"/> INCIDENT	
Has ASR been raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report n°			
Has MSR been raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report n°			
Has ATL been raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report n°			
Sent to authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Report n°			
7 EVENT DESCRIPTION					

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8 AERODROME & AERODROME FACILITIES					
Infrastructure & Plants	<input type="checkbox"/> Runway (8a)	<input type="checkbox"/> Taxiway (8a)	<input type="checkbox"/> Apron	<input type="checkbox"/> Green Areas	<input type="checkbox"/> Neighbouring
	<input type="checkbox"/> Markings	<input type="checkbox"/> Signs	<input type="checkbox"/> Lights	<input type="checkbox"/> Flood lighting	<input type="checkbox"/> Pavement
	<input type="checkbox"/> Jet blast Fences	<input type="checkbox"/> Fresh Water Plant	<input type="checkbox"/> Obstacles	<input type="checkbox"/> Incursion Systems	<input type="checkbox"/> Drainage
	<input type="checkbox"/> Fire Extinguishing Systems	<input type="checkbox"/> Preconditioning	<input type="checkbox"/> 400 Hz	<input type="checkbox"/> Fuel pit	<input type="checkbox"/> L/Bridge
	<input type="checkbox"/> Docking Systems	<input type="checkbox"/> Wildlife Control Systems		<input type="checkbox"/> Other: specify	
Causes of event	<input type="checkbox"/> FOD			<input type="checkbox"/> NOTAM / Communications (Human Factor)	
	<input type="checkbox"/> Bird strike (8b)			<input type="checkbox"/> Operational procedures	
	<input type="checkbox"/> Other: specify			<input type="checkbox"/> Maintenance procedures	
				<input type="checkbox"/> Unattended	
				<input type="checkbox"/> Missing	
				<input type="checkbox"/> Unproper	
8a RUNWAY / TAXIWAY CONDITION					
<input type="checkbox"/> Dry	<input type="checkbox"/> Damp	<input type="checkbox"/> Wet	<input type="checkbox"/> Water patches	<input type="checkbox"/> Good	
<input type="checkbox"/> Ice	<input type="checkbox"/> Dry Snow	<input type="checkbox"/> Wet Snow	<input type="checkbox"/> Slush	<input type="checkbox"/> Medium	
<input type="checkbox"/> Other: specify				BRAKING ACTION \rightleftarrows	<input type="checkbox"/> Poor
8b BIRD / ANIMAL STRIKE					
Nr. Seen	<input type="checkbox"/> 1	<input type="checkbox"/> 2-10	<input type="checkbox"/> 11-100	<input type="checkbox"/> 100+ Size of Bird (s)	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
					Pilot warned <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe type of bird (s) / animal (s)					
9 AIRCRAFT GROUND HANDLING & SERVICING					
Activities	<input type="checkbox"/> Weight & Balance	<input type="checkbox"/> Refuelling	<input type="checkbox"/> Marshalling	<input type="checkbox"/> Follow-me	
	<input type="checkbox"/> Loading/Unloading	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Water drainage	<input type="checkbox"/> Water supply	
	<input type="checkbox"/> Pax transportation	<input type="checkbox"/> Dead load transportation		<input type="checkbox"/> Towing / push back	
Equipment & Vehicles	<input type="checkbox"/> Towing tractor	<input type="checkbox"/> L/Bridge Equipment	<input type="checkbox"/> Stairs	<input type="checkbox"/> Catering truck	<input type="checkbox"/> De-icing vehicle
	<input type="checkbox"/> Containers	<input type="checkbox"/> Pallets	<input type="checkbox"/> Cart & Dollies	<input type="checkbox"/> Conveyor belt	<input type="checkbox"/> Transporter
	<input type="checkbox"/> Loader	<input type="checkbox"/> Fork lift	<input type="checkbox"/> Pax Bus	<input type="checkbox"/> Tanker	<input type="checkbox"/> Cars
	<input type="checkbox"/> Chokes	<input type="checkbox"/> Signal cones	<input type="checkbox"/> Other: specify		
Specific elements	<input type="checkbox"/> Individual Safety Equipment (I.S.E.)	<input type="checkbox"/> Strap	<input type="checkbox"/> Hold	<input type="checkbox"/> Restraint	<input type="checkbox"/> Net
	<input type="checkbox"/> Cable	<input type="checkbox"/> Ballast	<input type="checkbox"/> Rope	<input type="checkbox"/> Dead load	<input type="checkbox"/> Heavy load
	<input type="checkbox"/> AVI (live animals)		<input type="checkbox"/> Waste	<input type="checkbox"/> AOG (a/c on ground)	<input type="checkbox"/> D.G. (9a)
Process phase	<input type="checkbox"/> Manoeuvring	<input type="checkbox"/> Positioning	<input type="checkbox"/> Docking	<input type="checkbox"/> Unloading	<input type="checkbox"/> Loading
	<input type="checkbox"/> Disengagement	<input type="checkbox"/> Equipment Removal	<input type="checkbox"/> Equipment Storage		
Causes of event	<input type="checkbox"/> Inspection			<input type="checkbox"/> Unattended	
	<input type="checkbox"/> Other: specify			<input type="checkbox"/> Missing	
	<input type="checkbox"/> Maintenance procedures			<input type="checkbox"/> Unproper	
			<input type="checkbox"/> Instructions / Communications (Human Factor)		
			<input type="checkbox"/> Equipment Removal		
9a DANGEROUS GOODS					
Specific elements	<input type="checkbox"/> AWB	<input type="checkbox"/> Cargo manifest	<input type="checkbox"/> NOTOC	<input type="checkbox"/> Volume	<input type="checkbox"/> Weight
Process phase	<input type="checkbox"/> Processing	<input type="checkbox"/> Labelling	<input type="checkbox"/> Transfer	<input type="checkbox"/> Loading	<input type="checkbox"/> Unloading
Causes of event	<input type="checkbox"/> Identification	<input type="checkbox"/> Incompatibility	<input type="checkbox"/> Packing	<input type="checkbox"/> Registration	<input type="checkbox"/> Unattended
	<input type="checkbox"/> Procedures	<input type="checkbox"/> Communications	<input type="checkbox"/> Instructions	<input type="checkbox"/> Inspection	<input type="checkbox"/> Missing
	<input type="checkbox"/> Storage	<input type="checkbox"/> Disuse I.S.E.			<input type="checkbox"/> Unproper
Actions	<input type="checkbox"/> Verification	<input type="checkbox"/> Isolation area	<input type="checkbox"/> Qualif. Intervention	<input type="checkbox"/> Report	<input type="checkbox"/> Denunciation
	<input type="checkbox"/> Filing	<input type="checkbox"/> Temp. Custody	<input type="checkbox"/> Discarding	<input type="checkbox"/> Re-routing	
10 PERSONNEL INFORMATION					
1	Name Signature	ID Number	Qualification		
2	Name Signature	ID Number	Qualification		
3	Name Signature	ID Number	Qualification		
Do you wish a reply to your report? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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