



QASAR Form

This form is to be used to report all safety and quality events including: aviation occurrences, workplace incidents, hazards (as required by MAF I), suggested improvements, or for sharing experiences that may be of benefit to others.

Date (of event)		Time (local)		Location	
Description of Event or Hazard <i>(Who was involved, What happened, How did the event occur – attach additional sheets as required):</i>					SYE? <small>Tick if you want to Share Your Experience</small>
<p style="text-align: center; font-size: 4em; opacity: 0.2; transform: rotate(-15deg);">QASAR</p>					<input type="checkbox"/>
Factors that may have contributed to the event (why do you think it happened) or lessons learned:					

Contact Details *(Your name, if provided, will only be used to contact you to clarify the information you have submitted and will be deleted when any investigation is complete. Names are mandatory for events that could be classified as accidents, serious incidents, or incidents, but will be shown on a need to know basis only.)*

Name <small>(block letters)</small>		Position	
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Please put this form in the Safety Box or e-mail the information to your Programme Safety Manager for safety issues, or to the Programme Quality Manager for quality issues. Submitters will receive confirmation of the report and any actions taken.