

CONFIDENTIAL (when filled in) (*) All fields with an asterisk must always be filled in	<h2 style="margin: 0;">Air Safety Reporting (ASR) Hazard Reporting Form</h2>
Sequential number BE/DTO- /	Short title

Date and location					
Report Date	Revision	Date of hazard	Time UTC	Location or latitude/longitude	Short title
Brief description of the identified hazard					
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To your knowledge has this hazard previously caused an incident?	<u>Yes</u>	<u>No</u>
Details <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>

Possible consequences when nothing is done about this
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Your proposal for measures which could be taken
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Reporter identification (will be contacted if clarifications are required)			
Report date / /	Surname	Name	Contact
Rev.	Signature:	Phone:	Email:

CONFIDENTIEL (si complété) (*) Tous les champs avec un astérisque doivent être complétés si applicables	<h2 style="margin: 0;">Air Safety Reporting (ASR)</h2> <h1 style="margin: 0;">Formulaire d'identification de Danger</h1>
Numéro de référence BE/DTO-120 / xxx	Titre court résumant le danger identifié

Date et endroit					
Date du rapport	N° Revision	Date du danger	Heure UTC	Nom de l'endroit (ou lat/long)	Titre court du rapport
Brève description du danger identifié					
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A votre connaissance, ce danger avait-il déjà causé un incident précédemment ?	<u>Yes</u>	<u>No</u>
Details	<input type="checkbox"/>	<input type="checkbox"/>
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Conséquences possibles si rien n'est fait au sujet de ce danger
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Mesures proposées
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Reporter identification (will be contacted if clarifications are required)			
Report date / /	Surname	Name	Contact
Rev.	Signature:		Phone: Email: