

Creation Date	A/C Type	A/C Registration	A/C Serial Number
Date of Occurrence	General	Facility	
Location	Description:		
Local Time			
Any suggestions to prevent hazard / occurrence:			

Risk Assessment (below to be filled by SMS of SST Flugtechnik GmbH)

Hazard identified:

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Associated risk:

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Existing mitigation:

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Risk Assessment	Chances of a similar happening again (Probability):				
	Extremely Improbable	Improbable	Remote	Occasional	Frequent
	1	2	3	4	5
	Worst possible consequence if happen again (Severity):				
	Catastrophic	Hazardous	Major	Minor	Negligible
	A	B	C	D	E
Risk Factor					
External Agency involvement required			Yes / No		
For action forwarded to: (Responsible in-charge)			Date:		

Submit filled form via E-mail to safety@sst-flugtechnik.com or via post box addressed to "Safety Manager" or via safety reporting box in the office.