

OPERATIONAL HAZARD REPORT

For use of this form, see DA PAM 385-10; the proponent agency is DAS.

**Requirements Control Symbol -
CSOCS-307**

An operational hazard is any condition or act that affects or may affect the safety of Army aircraft or associated personnel and equipment.

1. TO: (Include 9-Digit ZIP Code) Aviation Safety Officer (LCL Command)	2. FROM: (Name and Address of Originator (Include 9-Digit ZIP Code))
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3. Date and Time of Occurrence				
a. YEAR	b. MONTH	c. DAY	d. TIME (LCL)	e. CHECK ONE <input type="checkbox"/> (1) Day <input type="checkbox"/> (2) Night <input type="checkbox"/> (3) Dawn <input type="checkbox"/> (4) Dusk
f. USASC USE ONLY				

4. Location Where Hazard Occurred (Check all applicable items.)		
<input type="checkbox"/> a. In Flight	<input type="checkbox"/> h. Airfield/Heliport	<input type="checkbox"/> k. This hazard occurred on or near
<input type="checkbox"/> b. Airways	<input type="checkbox"/> (1) Movement Area/Parking	(1) AIRPORT/INSTALLATION
<input type="checkbox"/> c. Uncontrolled Airspace	<input type="checkbox"/> (2) Hangar	(2) DISTANCE FROM N.M./DME
<input type="checkbox"/> (1) NOE	<input type="checkbox"/> (3) Support Area	
<input type="checkbox"/> (2) Low Level	<input type="checkbox"/> i. Field Site	
<input type="checkbox"/> d. Terminal Control Area	<input type="checkbox"/> j. Obstacle	(3) DIRECTION FROM DEGREES MAG
<input type="checkbox"/> e. Traffic Pattern	<input type="checkbox"/> (1) Trees	
<input type="checkbox"/> f. Control Zone	<input type="checkbox"/> (2) Wires	
<input type="checkbox"/> g. On the Ground	<input type="checkbox"/> (3) Building	

5. This Hazard Pertains to			
<input type="checkbox"/> a. Procedures/Instructions	<input type="checkbox"/> (1) Weather	<input type="checkbox"/> (5) Ground Control	<input type="checkbox"/> (d) USAF
<input type="checkbox"/> b. Policies/Regulations	<input type="checkbox"/> (2) Refueling	<input type="checkbox"/> (6) GCA	<input type="checkbox"/> (e) Host Nation
<input type="checkbox"/> (1) Military	<input type="checkbox"/> g. Communications	<input type="checkbox"/> (7) ILS	<input type="checkbox"/> k. Controller
<input type="checkbox"/> (2) FAA	<input type="checkbox"/> h. Pilot Procedures/Tech.	<input type="checkbox"/> (8) Tower	<input type="checkbox"/> (1) Procedures
<input type="checkbox"/> c. Facilities	<input type="checkbox"/> i. Near Midair Collision	<input type="checkbox"/> (9) Radar Service	<input type="checkbox"/> (2) Technique
<input type="checkbox"/> (1) Airport/Heliport	<input type="checkbox"/> j. Air Traffic Control	<input type="checkbox"/> (10) Publications/Flip	<input type="checkbox"/> l. Other
<input type="checkbox"/> (2) NAV Aids	<input type="checkbox"/> (1) Enroute	<input type="checkbox"/> (11) Controlling Agency	<input type="checkbox"/> m. Armament
<input type="checkbox"/> d. Maintenance	<input type="checkbox"/> (2) Terminal Area	<input type="checkbox"/> (a) FAA	<input type="checkbox"/> n. Aviation Life Support Equipment
<input type="checkbox"/> e. Materiel	<input type="checkbox"/> (3) APP Control	<input type="checkbox"/> (b) Army	
<input type="checkbox"/> f. Services	<input type="checkbox"/> (4) DEP Control	<input type="checkbox"/> (c) Navy	<input type="checkbox"/> o. Night vision devise

6. If this Hazard Occurred in Flight, Complete the Following (if additional aircraft are involved, attach supplemental sheet)			
Aircraft 1		Aircraft 2 (Aircraft 2 is other aircraft, if applicable.)	
a. Mission		j. Mission	
b. Design		k. Design	
c. Series		l. Series	
d. Serial Number		m. Serial Number	
e. Service, MACOM		n. Service, MACOM	
f. Point of Departure		o. Point of Departure	
g. Destination		p. Destination	
h. Flight Plan	CHECK ONE <input type="checkbox"/> (1) IFR <input type="checkbox"/> (2) VFR <input type="checkbox"/> (3) DVFR <input type="checkbox"/> (4) SVFR <input type="checkbox"/> (5) None	q. Flight Plan	CHECK ONE <input type="checkbox"/> (1) IFR <input type="checkbox"/> (2) VFR <input type="checkbox"/> (3) DVFR <input type="checkbox"/> (4) SVFR <input type="checkbox"/> (5) None
i. Course/Heading in Degrees		r. Course/Heading in Degrees	

7. Meteorological Conditions			8. Cloud Proximity (Check applicable blocks)			
<input type="checkbox"/>	a. Clear	<input type="checkbox"/>	g. Fog	ITEM	AIRCRAFT 1	AIRCRAFT 2
<input type="checkbox"/>	b. Scattered	<input type="checkbox"/>	h. Haze	a. Above	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Broken	<input type="checkbox"/>	i. Smoke	b. In/Out of Clouds	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. Overcast	<input type="checkbox"/>	j. Icing	c. Between Layers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. Rain	<input type="checkbox"/>	k. Visibility (in miles)	d. Below	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f. Snow			e. In Clouds	<input type="checkbox"/>	<input type="checkbox"/>

9. For Single Aircraft Hazards Complete item d. For Near Midair Collisions, Complete all Applicable Items.

<input type="checkbox"/>	a. What first directed your attention to Aircraft 2?	<input type="checkbox"/>	(5) Another Crewmember/Pax	<input type="checkbox"/>	(3) Same Altitude
<input type="checkbox"/>	(1) Proximity Warning Device	<input type="checkbox"/>	(6) Radar Service	<input type="checkbox"/>	(4) Diverging
<input type="checkbox"/>	(2) Conspicuity Markings	<input type="checkbox"/>	(7) Radio Contact	<input type="checkbox"/>	(5) Converging
<input type="checkbox"/>	(3) Lighting	b. Proximity (Ft.) _____		<input type="checkbox"/>	(6) Aircraft Which Overtook the Other
<input type="checkbox"/>	(a) NAV Lights	c. Other (No. 2) Aircraft Sighted at (O'Clock Position) _____		<input type="checkbox"/>	(a) Aircraft 1
<input type="checkbox"/>	(b) Strobe Lights	<input type="checkbox"/>	(1) Above	<input type="checkbox"/>	(b) Aircraft 2
<input type="checkbox"/>	(c) Rotating Beacon	<input type="checkbox"/>	(2) Below		
<input type="checkbox"/>	(4) Aircraft Profile				
		d. AIRCRAFT 1		e. AIRCRAFT 2	
<input type="checkbox"/>	(1) Altitude MSL				
<input type="checkbox"/>	(2) Heading (Degrees Mag)				
<input type="checkbox"/>	(3) Airspeed (Knots)				
<input type="checkbox"/>	(4) Phase of Operation (More than one may apply) →	<input type="checkbox"/>	(a) Static	<input type="checkbox"/>	(b) Taxi
		<input type="checkbox"/>	(c) Take Off	<input type="checkbox"/>	(d) Climb
		<input type="checkbox"/>	(e) Level	<input type="checkbox"/>	(f) Acrobatics
		<input type="checkbox"/>	(g) Left Turn	<input type="checkbox"/>	(h) Right Turn
		<input type="checkbox"/>	(i) Descent	<input type="checkbox"/>	(j) Approach
		<input type="checkbox"/>	(k) Landing	<input type="checkbox"/>	(l) Hover

10. NARRATIVE (Describe circumstances concerning this hazard, indicate the causes and provide corrective recommendations. Attach additional sheet, if required.)

11. INVESTIGATION AND RECOMMENDATIONS (To be completed by Aviation Safety Officer. Attach additional sheet, if required.)

12. ACTION TAKEN TO CORRECT THIS HAZARD (To be completed by Commander. Attach additional sheet, if required.)

13. Point of Contact for Further Information (To be Completed by Aviation Safety Officer)

a. NAME (Last, First, MI)		b. RANK	c. DUTY	d. MAILING ADDRESS (Include ZIP Code)	
e. PHONE NOS. (AV and Comm.)		f. MACOM (UIC)	g. ORGN. (UIC)	h. ORGN. (UIC)	