

OPERATIONAL HAZARD REPORT

For use of this form, see AR 385-95; the proponent agency is OCSA

**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.

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| 1. TO: <i>(Include 9-Digit ZIP Code)</i>
Aviation Safety Officer <i>(LCL Command)</i> | 2. FROM: <i>(Name and Address of Originator (Include 9-Digit ZIP Code)) (OPTIONAL - SEE INSTRUCTIONS)</i> |
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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.)*

a. In Flight	h. Airfield/Heliport	k. This hazard occurred on or near
b. Airways	(1) Movement Area/Parking	(1) AIRPORT/INSTALLATION
c. Uncontrolled Airspace	(2) Hangar	
(1) NOE	(3) Support Area	(2) DISTANCE FROM N.M./DME
(2) Low Level	i. Field Site	
d. Terminal Control Area	j. Obstacle	(3) DIRECTION FROM DEGREES MAG
e. Traffic Pattern	(1) Trees	
f. Control Zone	(2) Wires	
g. On the Ground	(3) Building	

5. This Hazard Pertains to

a. Procedures/Instructions	(1) Weather	(5) Ground Control	(d) USAF
b. Policies/Regulations	(2) Refueling	(6) GCA	(e) Host Nation
(1) Military	g. Communications	(7) ILS	k. Controller
(2) FAA	h. Pilot Procedures/Tech.	(8) Tower	(1) Procedures
c. Facilities	i. Near Midair Collision	(9) Radar Service	(2) Technique
(1) Airport/Heliport	j. Air Traffic Control	(10) Publications/Flip	l. Other
(2) NAV Aids	(1) Enroute	(11) Controlling Agency	m. Armament
d. Maintenance	(2) Terminal Area	(a) FAA	n. Aviation Life Support Equipment
e. Materiel	(3) APP Control	(b) Army	
f. Services	(4) DEP Control	(c) Navy	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 <i>(Aircraft 2 is other aircraft, if applicable.)</i>	
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 <i>(Check applicable blocks)</i>		
a. Clear		g. Fog	ITEM	AIRCRAFT 1	AIRCRAFT 2
b. Scattered		h. Haze	a. Above		
c. Broken		i. Smoke	b. In/Out of Clouds		
d. Overcast		j. Icing	c. Between Layers		
e. Rain		k. Visibility (in miles)	d. Below		
f. Snow			e. In Clouds		

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

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