

Safety/Security Report - Part A

Section 1 - Incident Description



AIM Issue Data

UUID:	Latitude:
Category:	Longitude:
Subcategory:	User:
Type:	Created At:
Identifier	Last Modified:

This issue is considered to be:	If it's an observation, it is considered to be:
<input type="checkbox"/> Observation	<input type="checkbox"/> Near Miss or Error
<input type="checkbox"/> Incident / Accident	<input type="checkbox"/> Hazardous Condition
	<input type="checkbox"/> Safety Concern

Please provide detailed information of the observation/concern/incident.

Attach additional pages if required

Contact Information:

Name: <input type="text"/> (Optional)	Date: <input type="text"/> (Optional)
Phone: <input type="text"/> (Optional)	Email: <input type="text"/> (Optional)

Report Submission:

Email: operations@yyb.ca	Drop Box: Terminal, Administration, and Garage Buildings
Fax: (705) 474-3020	In Person: Any Airport Management
Other: Via AIM System	

For Airport Office Use Only

Report Date: <input type="text"/>	Ref. Number: <input type="text"/>
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