



**ALTITUDE AIR PVT. LTD.**  
**SAFETY DEPARTMENT**  
**VOLUNTARY HAZARD REPORT**

*The information supplied in this form will only be used to enhance safety. You may choose to not provide your name. If you do provide your name, upon receipt of this form your name and position will be removed and discarded. Under no circumstances will your identity be disclosed to any person in the organization without your express permission.*

*When you have completed your part of form, it should be given to the safety manager of the company. It may also be dropped in the drop box provided in the various location of the organization*

1. Name (Optional):	
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2. Position (Optional):	
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*(Name and position, if provided to be discarded by the Safety Manager before processing this form further)*



**PART A - TO BE COMPLETED BY THE PERSON IDENTIFYING HAZARD**

*Please fully describe the hazard.*

3. Date and place of observed:
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4. Description of the event or hazard: Explain how the event occurred, why it occurred and why it did not result in an accident:
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5. What are your suggestions to prevent this event from re-occurring or for preventing that such an event could result in an accident?
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**PART B - TO BE FILLED OUT BY THE SAFETY MANAGER**

6. Hazard ID assigned:
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7. ADDITIONAL ANALYSIS AND COURSE OF ACTION REQUIRED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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8. Validated by:	9. Date:
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10. Processed by the Safety Action Group
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11. Date:
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12. Manager:	13. Open on:	14. Closed on:
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