RUNWAY SAFETY MANAGEMENT FORM

Reference	Date opened dd/mm/yy	Date Closed dd/mm/yy
General Information		
Airport	What area is affected	
Specific identifier (runway/taxiway identifier):		
Safety outcomes		
Safety Risk Type:	☐RWY excursion ☐RWY incursion – Aircraft ☐Wildlife encounter ☐RWY confusion ☐Abnormal landing ☐RWY incursion – Vehicle ☐Birdstrike ☐Other (specify)	
Has an event occurred, or is this a hazard (potential outcome):	☐Actual outcome ☐Potential outcome	Occurrence date dd/mm/yy
Description of actual or potential outcome		
Supporting document type: ☐Accident report ☐Incident Report ☐Audit report ☐Other (specify)		

Safety issues			
☐Navigation aids	☐Meteorological	☐Approach vectoring	☐Other
☐Runway/taxiway marking	☐Obstacles	☐Runway surface condition	
☐VASI/PAPI	☐Approach	☐ Airport construction	
☐ Communications	☐Runway/taxiway lights	☐Procedure	

Once you have completed the identification of the safety issues – please submit the form to log this report. During the runway safety team meeting you should address each of the reports as on item on the agenda. The following sections are provided as a tool to manage the outcomes of the meeting.

Risk assessment	
(The risk assessment portion is to be completed as part of the runway safety team meeting)	
What is the Severity of occurrence:	☐Catastrophic ☐Hazardous ☐Major ☐Minor ☐Negligible
What is the Liklehood of occurrence:	☐Frequent ☐Occasional ☐Remote ☐Impossible ☐Extremely impossible
Risk level (from below risk table):	☐High ☐Moderate ☐Low

If the risk levels Moderate or High, a corrective action plan is required

		Likelihood				
		Certain/ Frequent	Likely/ Occasional	Possible/ Remote	Unlikely/ Impossible	Exceptional/ Impossible
Severity	Catostrophic	High	High	High	Moderate	Moderate
	Major	High	High	Moderate	Moderate	Moderate
	Moderate	High	Moderate	Moderate	Moderate	Low
	Minor	Moderate	Moderate	Moderate	Low	Low
	Insignificant	Low	Low	Low	Low	Low

Corrective Action Plan

(the corrective action plan is based on the recommendations of the RST and is to be completed as part of the RST meeting)

Action plan description:
Action item description:
Executing body: Implementation date: dd/mm/yy Status:

Action plan description:
Action item description:
Executing body: Implementation date: dd/mm/yy Status: