

HAZARD REPORTING FORM

Complainant: Complete this form on any matter prejudicial to the safety and health of persons at the place of work that you may find. Report the problem to manager on duty and give copy of this form to your Local Safety Committee Representative or Airside Services Department.

SECTION A:

1. Name of issuer person : **ZUBAIR GHAZALI**
2. Place of work : **KLIA**
3. Dept/Organization : **AIRSIDE SERVICES DEPARTMENT (ASD)**
4. Date & Time : **1202LT**
5. Telephone no. : **03-877 68983**
6. Complaint Categories (Please √):



Unsafe act



Unsafe condition (Hazard)



Potential damage to properties

7. Location of Hazard:

AIRCRAFT STAND B5

8. Briefly describe the hazard:

- **AIRCRAFT PUSHBACK VIOLATE SOP ON THE A3 & B3 OPERATION REQUIREMENT WHERE ADJACENT BAY NEED TO BE VACANT (A5 & B5)**
- **NO WING WALKER PRESENT AT THE TIME**
- **RESULTING AIRCRAFT GROUND COLLISION BETWEEN 9MMSA & 9MMXF**

9. Action taken or suggestion on action to improve the situation / prevent recurrences:

CORRECTIVE & PREVENTIVE MAINTENANCE TO AVOID REPETITION

Signature: 

SECTION B: ACTION ON COMPLAINT (TO BE FILLED BY INVESTIGATOR)

Hazard Reporting No:		Date Received:	
Method of Complaint:	Verbally / Telephone / Written		
Suggestion accepted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Not, Why?
Action taken:			
Status:			
		Date Closed:	
Name:	Signature:	Date:	

Disclaimer:-

No information derived from the Hazard Reporting Form will be used as a basis for any actions that will jeopardize employees' position.





