EKU AVIATION
Safety Management System (SMS)

This form should be used to report an accident or any existing or potentially hazardous behavior or condition identified at I39. You may also report safety hazards by calling (859) 622-1014 or Fax to (859) 622-8138.

Email to aviationsafety@eku.edu
Mail to Aviation Safety Officer-EKU Aviation, 521 Lancaster Avenue Whalin Technology Complex Richmond, KY 40475 as soon as possible after the hazard has been identified.

Event Description
(To be completed by the person reporting the event)

Date _____________________ Time __________ □ AM □ PM

Weather □ Rain □ Wind □ Thunderstorm □ Fog □ Ice/Snow □ Other:____________________

Visibility □ Dawn □ Daylight □ Dusk □ Night □ Smoke □ Dust

If Flight: ASOS/METAR Info:________________________________________________________________________

Type □ Accident □ Incident □ Hazardous Behavior □ Unsafe Situation □ Other

Location (Vicinity)
□ Main FBO Hangar □ Ramp □ FBO □ Silver Hangar □ Maintenance □ Fuel Farm
□ Parking Lot □ Taxiway □ Runway □ Restroom □ Offices □ Other:_________

Items Involved in the Event
□ Aircraft N# __________ □ Airplane □ Helicopter □ Piston □ Turbine
FAR □ Part 91 □ Part 135 □ Part 121 □ Flight Training
□ Ground Vehicle □ Type □ Automobile □ Fuel truck □ Golf Cart □ Service Cart □ Lawnmower
□ Maintenance □ Door □ Hangar Door □ Ladder □ Tow Bar □ Furniture □ Tug
□ Baggage Cart □ Private Vehicle Owner ____________________Contact Info_______________
□ Other:___________________________

Description (Please provide a detailed description of the event or hazard including specific location. Use Additional Paper if needed.)

Recommendations (Please provide any suggestions or recommendation to correct the issue or prevent recurrence.)

Optional Reporter Information*
Name ____________________________________________________________
Address __________________________________________________________
City ST ZIP _______________________________________________________
Phone Alternate ________________________________Contact Info___________
Email ____________________________________________________________
Organization/Position______________________________________________

Confidentiality Commitment

You may submit the form anonymously if you so choose. If you do provide your name, it will only be used by the Safety Officer/SMS Administrator to enhance the understanding of the event with follow-up actions if applicable. NO PUNITIVE ACTION WILL BE TAKEN.
This is a penalty-free program.