Aviation Security Incident Report

A completed report submitted to the Department of Infrastructure and Regional Development using this form and including the required information will fulfil incident reporting obligations under Part 6 of the Aviation Transport Security Act 2004 (ATSA).

The Department should be notified of an incident as soon as possible. Reports can be made either (a) in writing, or (b) orally and followed up in writing within 24 hours. This report should contain as much of the following information as within the knowledge of the person making the report.

**Note:** All fields marked with an * are mandatory

<table>
<thead>
<tr>
<th>Report date</th>
<th>Your reference number</th>
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### 1. Incident Details

- **Date of incident** (dd/mm/yyyy)
- **Time of incident (Local time)** (24-hr hhmm)
- **Aviation Industry Participant** (Name of organisation)
- **Location** (Airport Name)
- **Location of incident** (State)
- **Airport area**
- **Terminal number**

### 2. Category Security Incident

Please choose the category of incident from the list below which best describes the incident you are reporting. This list should be used as a guide only, it is not exhaustive. For incidents that fall outside of the categories listed below please nominate “other” and provide a brief description.

- ASIC event
- Aviation security emergency
- Damage or technical failure of a security system
- Disruptive person
- Interference with aviation operations
- Laser light
- Procedural failures
- Prohibited item or weapon in a secure area
- Interference with aviation operations
- Laser light
- Procedural failures
- Prohibited item or weapon in a secure area
- Screening events
- Suspicious activity and items
- Threats
- Unauthorised access
- Unscreened access
- Other (Please specify)

### 3. Incident Assessment

If the incident was a **Threat**, please provide the following information:

- **Assessed As**
  - Genuine
  - Hoax

- **Threat received by**
  - Airport Operator
  - Airline (Airport office)
  - Airline (City office)
  - RACA
  - Other (Please specify)

- **Tracing**
  - Successful
  - Unsuccessful
  - Not attempted

- **Assessed by (Name of person)**

### 4. Aircraft Information

Did the incident involve an aircraft?

- No > go to question 5
- Yes

- **Aircraft type**
- **Flight number**
- **Aircraft registration**

- **Place of departure**
- **Place of arrival**
- **Was the aircraft in flight?**

### 5. Incident Description

**Background** - Please provide details leading up to the incident.

Please attach additional pages if required

When completed send the form to the Department by email: transport.security@infrastructure.gov.au or fax (02) 6274 6089
* Incident Description - Describe the nature of the incident in detail.

Action/Outcome - Describe what action you or your organisation took to manage the incident and detail what the outcome was.

6. People involved in the incident
Complete the following details for all people involved in the incident (if other people involved).

1. Full name
   Organisation

2. Full name
   Organisation

3. Full name
   Organisation

4. Full name
   Organisation

7. Which other organisations have been notified?
Other organisations may include for example; state/territory police, Australian Federal Police, Airservices or other aviation industry participants.

1. Organisation
   Who has been notified
   Date (dd/mm/yyyy)
   Time (24-hr hhmm)

2. Organisation
   Who has been notified
   Date (dd/mm/yyyy)
   Time (24-hr hhmm)

3. Organisation
   Who has been notified
   Date (dd/mm/yyyy)
   Time (24-hr hhmm)

Complete the following details if you are aware that the incident has been previously reported to the Department.

Person notified in the Department
   Date (dd/mm/yyyy)
   Time (24-hr hhmm)

8. Reason for Report

☐ The result of a routine security inspection of the airport.

☐ A security incident witnessed by:

* Full name
* Organisation
* Contact

9. Reporting Officers Contact Details
This section is to be completed by the officer completing the form.

* Full name

* Position

* Phone

Fax

Email

Organisation

Street No and Name

City/Suburb

State

Postcode

Office Use Only

Report No

Serial no

File ref

Date

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