

Aviation Security Incident Report



Australian Government

A completed report submitted to the Department of Infrastructure, Transport, Regional Development and Local Government 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 Report date Your reference number

1. Incident Details

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

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.

<input type="checkbox"/> Aircraft	<input type="checkbox"/> Public behaviour	<input type="checkbox"/> Suspicious items
<input type="checkbox"/> Breach/Intrusion	<input type="checkbox"/> Screening events	<input type="checkbox"/> Threats
<input type="checkbox"/> Criminal	<input type="checkbox"/> Staff/Procedural	
<input type="checkbox"/> Other (Please specify)	<input type="text"/>	

3. Incident Assessment

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

Assessed As	Threat received by	Tracing
<input type="checkbox"/> Genuine	<input type="checkbox"/> Airport Operator	<input type="checkbox"/> Successful
<input type="checkbox"/> Hoax	<input type="checkbox"/> Airline (Airport office)	<input type="checkbox"/> Unsuccessful
Assessed by (Name of person) <input type="text"/>	<input type="checkbox"/> Airline (City office)	<input type="checkbox"/> Not attempted
	<input type="checkbox"/> RACA	
	<input type="checkbox"/> Other (Please specify)	<input type="text"/>

4. Aircraft Information

Did the incident involve an aircraft?

<input type="checkbox"/> No > go to question 5			
<input type="checkbox"/> Yes	* Aircraft type <input type="text"/>	* Flight number <input type="text"/>	Aircraft registration <input type="text"/>
Place of departure <input type="text"/>	Place of arrival <input type="text"/>	Was the aircraft in flight?	No <input type="checkbox"/> Yes <input type="checkbox"/>

5. Incident Description

Background - Please provide details leading up to the incident.

Please attach additional pages if required

* Incident Description - Describe the nature of the incident in detail.

Please attach additional pages if required

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

Please attach additional pages if required

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Full name	Organisation	4. Full name	Organisation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Organisation	Who has been notified	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Organisation	Who has been notified	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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