

**AOP 03 –**  
*Incident and*  
*Accident*  
*Reporting*



Car Park Incident	Passenger Escorting	Fire Domestic Incident
Terminal Incident	Aviation Security Incident	Aircraft Accident
Health & Safety	Hijack	Aircraft Ground Incident
Medical Assistance	Act of Aggression Ground	Local Standby with Attendance
Bird Strike Confirmed	Disruptive Person	ATC Incident
Bird Strike Unconfirmed	Apron Pavement-Road Damage	Radio Interference
Bird Strike Near Miss	Taxiway Damage	Loss of Separation
<del>Bird Strike Confirmed No Remains</del>	Runway Damage	Airspace Infringement
<del>Bird Strike Remains Only No Report</del>	FOD	Level Bust
Runway Incursion	Apron Incident	Laser
Runway Excursion	Airside Driving	Full Emergency
Spillage	Local Standby	Explosive Aboard Aircraft

In the event of a First Aid related incident, a 'First Aid Form' & 'Accident Form' should be submitted with the SIR. Copies of which can be found in APPENDIX 25 & 26.

SIRs should be processed in a timely manner to ensure swift corrective measures can be implemented where necessary.

### 1.2.1 Anonymous Reporting

Reporters can choose to file an anonymous SIR via one of the remote Chroma Terminals or alternatively email [CEO@lba.co.uk](mailto:CEO@lba.co.uk)

When filing an MOR, reporters should pick a personal email address if they do not wish the report to be initially submitted to LBA

## 1.3 **Mandatory Occurrence Reporting (MOR)**

Occurrence reporting in the UK and the rest of Europe is governed by European Regulation 376/2014 which requires the reporting, analysis and follow up of occurrences in civil aviation and delivers a European Just Culture Declaration. An occurrence means any safety-related event which endangers or which, if not corrected or addressed, could endanger an aircraft, its occupants or any other person. The purpose of occurrence reporting is to improve aviation safety by ensuring that relevant safety information relating to civil aviation is reported, collected, stored, protected, exchanged, disseminated and analysed. It is not to attribute blame or liability.

Commission Implementing Regulation (EU) 2015/1018 lays down a list classifying occurrences in civil aviation to be mandatorily reported.

Occurrence Reports are treated confidentially to maintain full and free reporting from the aviation community and to protect the identity of the individual in accordance with EU legislation

All MORs at LBA MUST also be submitted on an SIR for tracking and trend analysis.

MORs can be filed [HERE](#)

### 1.3.1 Notifiable Accidents

"Accident" means an occurrence associated with the operation of an aircraft which might take place between the time any person boards the aircraft with the intention of flight and such time as all persons have disembarked, in which:

- a person suffers a fatal or serious injury.
- the aircraft sustains damage or structural failure which adversely affects its strength, performance or flight characteristics requiring a major repair or replacement.
- the aircraft is missing or is completely inaccessible.

It does not include engine failure or damage, when the damage is limited to the engine, its cowlings or accessories; or for damage limited to propellers, wing tips, antennas, tyres, brakes, fairings, small dents or puncture holes in the aircraft skin.

### 1.3.2 Serious Incident

An injury which is sustained by a person in a reportable accident and which:

- requires hospitalisation for more than 48 hours commencing within seven days from the date on which the injury was received; or
- results in a fracture of any bone (except simple fractures of fingers, toes, or nose); or
- involves lacerations which cause nerve, muscle or tendon damage or severe haemorrhage; or
- involves injury to any internal organ; or
- involves second or third degree burns or any burns affecting more than five percent of the body surface; or
- involves verified exposure to infectious substances or injurious radiation; and seriously injured shall be construed accordingly.

Notifiable Accidents are those defined above, whether or not an aircraft accident procedure has been initiated in accordance with the LBA emergency orders.

Wreckage of an aircraft (involved in an accident as defined above) shall not be removed or interfered with nor shall any person, other than an "authorised person", be allowed access to it without the authority of the AAIB. HM Customs and Excise authority will also be required if the aircraft was on a flight subject to Customs controls. An exception may be necessary for the extrication of persons or animals, or any mails, valuables or dangerous goods, or to prevent destruction by fire, or preventing any danger or obstruction to the public, air navigation or to other transport. An "Authorised Person" is any person authorised by the Department for Transport and includes Police Officers and Officers of HM Customs and Excise.

To ensure correct and expeditious completion of post-accident action the provisions of the instruction must always be complied with.

This instruction specifies supplementary reporting requirements to those required by the Mandatory Occurrence Reporting requirements of ANO Article 142/CAP 382.

### 1.3.3 Reporting Procedures

In the event of a Notifiable accident the ATC WM/SCOD shall be responsible for dissemination of initial reports. The notification is required to be passed to the Department for Transport (in effect the AAIB) by the quickest means and giving, as far as possible, the following information:

- the type, model, nationality and registration marks of the aircraft
- the names of the owner, operator and hirer (if any) of the aircraft
- the name of the commander of the aircraft
- the date and time (UTC) of the accident or serious incident
- the last point of departure and the next point of intended landing of the aircraft
- the position of the aircraft in relation to some easily defined geographical location
- the number of:
  - crew on board and the number killed or seriously injured
  - passengers on board and the number killed or seriously injured
  - other persons killed or seriously injured as a result of the accident
- the nature of the accident or serious incident and the extent of damage as far as is known

The person reporting the accident to the AAIB is also required to inform West Yorkshire Police of the accident and the place where it occurred unless the accident has occurred on the airport and Emergency Order procedures have been activated.



# Accident and Incident - data capture form

**SIR number:**

**Date of event:**  **Time of event:**

**Date recorded:**  **Time recorded:**

**Location – Where did the event occur?**

LBA managed area.  Concession area?

Exact location (Airside/Landside/Area):

**Event Classification – What happened?**

Medical assistance  Property damage  Near miss  H&S incident

Complete any section marked:    

Please note that more than one of the above options may be applicable. Please complete ALL relevant sections.

**The Affected Person (AP)**    

**Required for RIDDOR reporting**

Name:  Age:  Gender: Male  Female

Address:

Postcode:  Phone number:

LBA employee  Passenger/visitor  Business partner/contractor

**Detailed description of event:**    

**Have any short-term preventive measures been necessary? (i.e. area cordoned off):**

Were photographs taken? Yes  No  Is CCTV footage available? Yes  No

*Photographs should always be taken for all injury accidents:* Including the event?  Or the aftermath?

Uploaded SIR attachments:

Minutes of CCTV available:

Prior to event:  Following event:

Is a sketch plan available? Yes  No  Witness statements available? Yes  No

**First Aid** 

Injured?  Unwell? (natural causes)  Refused?  Not required?

Details of injuries/symptoms (i.e. swollen/red etc):

Details of first aid treatment provided:

Immediately following the event, has the AP: Left site in ambulance  Unsure

Own way directly to hospital  Not required

Linked existing conditions:  Linked medications:

Has the AP provided a written statement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If an employee, was the AP able to continue to work:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Lead first aider:	Name:			Signature
	Job title:			Call sign:
Event level – injuries or work-related illness (for the AP):	Minor injury	<input type="checkbox"/>	AP to hospital	<input type="checkbox"/>
	Major injury	<input type="checkbox"/>	Fatality	<input type="checkbox"/>
Event Level – injuries or work-related illness (Employee’s only) <b>mandatory:</b>	Absence from work, three to six days	<input type="checkbox"/>	Absence from work seven or more days	<input type="checkbox"/>

**Slip, Trips and Falls**  If the event was a slip, trip or fall, please complete the following questions, if applicable

Description of substance/hazard: \_\_\_\_\_

Condition of the floor/surface (photo): \_\_\_\_\_

Type of footwear:		Footwear condition:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Lighting and visibility:	Good	<input type="checkbox"/>	Fair	<input type="checkbox"/>	Poor	<input type="checkbox"/>		<input type="checkbox"/>
Was AP carrying anything:	In one hand	<input type="checkbox"/>	In both hands	<input type="checkbox"/>	Both hands free	<input type="checkbox"/>		<input type="checkbox"/>

If the accident happened in an area exposed to the elements, describe weather conditions (incl. rain, snow and wind levels and notes about surface conditions): \_\_\_\_\_

Were any wet floor signs/cordons in place:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required	<input type="checkbox"/>
Was entrance matting in place:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required	<input type="checkbox"/>
Was secondary entrance matting deployed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not required	<input type="checkbox"/>

**Emergency Services**    

Event led to an evacuation of	Terminal building	<input type="checkbox"/>	Out building	<input type="checkbox"/>	Business partner	<input type="checkbox"/>
	Arrival	Departure		Arrival	Departure	
Fire & Rescue	<input type="checkbox"/>		Police	<input type="checkbox"/>		
Ambulance	<input type="checkbox"/>		RFFS	<input type="checkbox"/>		

If the event was within a concessions demise, please supply a name and contact number for the responsible person: \_\_\_\_\_

**Property Damage**   

Was any LBA machinery involved?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Machinery involved:	Complete trapped passenger report HS-FRM-02
Was any LBA fabric involved?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Building fabric involved:	

What is the cause of the damage? \_\_\_\_\_

Details of the repair required: \_\_\_\_\_ For all escalator & lift incidents ensure HS-FRM-027 is completed and attached to this report

Does failure to repair the damage immediately represent a safety risk: Yes  No

Has the relevant person requested quotes for the repairs: Yes  No

Crime reference number (if malicious damage is known or suspected, a crime reference number must be obtained): \_\_\_\_\_

Person completing this form: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Job Title: \_\_\_\_\_

Did you, or any of the staff involved, witness the actual event occurring? If so, please ensure that full written witness statements are provided and submitted with this pack. **These forms must go immediately to the TDM at the Control Centre**