

MISHAP/HAZARD REPORT

Name:	Date/Time of Occurrence:
Phone:	Flight Time:
Certificate(s):	Airspace:
Weather:	Light/Visibility:
Make/Model Acft:	Phase of Flight:
Location:	Type of Occurrence:
Altitude:	Solo/Dual:
Signature:	Date:
Description of Occurrence:	1
Possible Preventative Measures:	
Final Report/Recommendations (Staff Use Only):	
Certifying Official:	Title:
Signature:	Date:

*THIS FORM MUST BE COMPLETED AND GIVEN TO THE CHIEF OR ASSISTANT CHIEF FLIGHT INSTRUCTOR