Aviation Security Incident Report

Australian Government

Department of Infrastructure and Regional Development

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

Report **date** [ ]

Your reference number [ ]

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
- [ ] Other (Please specify) [ ]

- [ ] 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

3. Incident Assessment

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

Assessed As

- [ ] Genuine
- [ ] Hoax

Assessed by (Name of person)
[ ]

Threat received by

- [ ] Airport Operator
- [ ] Airline (Airport office)
- [ ] Airline (City office)
- [ ] RACA
- [ ] Other (Please specify) [ ]

Tracing

- [ ] Successful
- [ ] Unsuccessful
- [ ] Not attempted

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? No [ ] Yes [ ]

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.

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

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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