FORM E

Ref No: ☐

NQA HAZARD NOTIFICATION

Have you seen a hazard that Cairns Airport Pty Ltd or Mackay Airport Pty Ltd should know about?

In order to promote **Safety, Security and Environmental best practices**, we would like you to tell us about hazards you think we should know about. This will allow us to work together to prevent the occurrence of incidents. Note: A hazard is a situation which poses a threat, though has not yet resulted in an incident.

In order to achieve the best results, please provide as much information as possible, including your name and contacts.

Hazard relates to:
(Tick as many as apply)

- ☐ **Health and Safety**
- ☐ **Environment**
- ☐ **Security**
- ☐ **Other** _____

Date Hazard Identified: | **Time:** am / pm

Location of Hazard:
(Provide mud map if necessary)

Description of Hazard:
(please provide as much detail as possible, including whether you are aware of how long the hazard has been present, what conditions, work methods and areas are involved)

Who else, if anyone, has been notified? | **Date:**

Suggest action/s to rectify:

This Section is Optional

Your Name:		**Company:**	
Telephone:		**Fax:**	
Email:			

It is preferred this form be lodged electronically alternatively it can be submitted as follows:

CAIRNS
Post: Box 57, Airport Administration Centre
Cairns Airport Qld 4870
Deliver: Hand it directly to NQA Safety Advisor
Email: Janice.vanderZwaan@cairnsairport.com.au
Phone: 0448 954 419

MACKAY
PO Box 5806 Mackay Mail Centre
Mackay Qld 4741
Hand it directly to Manager Airport Assets
Adrian.miles@mackayairport.com
0401 565 396

FORM E

CAPL / MAPL OFFICE USE - Management to Complete

Date Notification Received:

Corrective/Preventative Action Proposed:			
Responsibility:		**Proposed Completion Date:**	
Potential Risk posed by Hazard:		**Anticipated Risk after action:**	

Health & Safety Advisor's Comments:			
Forwarded to:	☐ **Environment Dept** ☐ **Security** ☐ **Safety Committee** ☐ **Other** _____		
Signature:		**Date:**	

Department Manager's Comments:			
Name:		**Position:**	
Signature:		**Date:**	

General Manager's Comments:			
Name:		**Position:**	
Signature:		**Date:**	

Feedback With 'Thanks' to Originator::			
Name:		**Position:**	
Signature:		**Date:**	

Date Incident Closed:		☐ **Hazard Register updated**