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)			
<b>Description of Hazard:</b> (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		MACKAY
Post:	Box 57, Airport Administration Centre	PO Box 5806 Mackay Mail Centre
	Cairns Airport Qld 4870	Mackay Qld 4741
Deliver:	Hand it directly to NQA Safety Advisor	Hand it directly to Manager Airport Assets
Email:	Janice.vanderZwaan@cairnsairport.com.au	Adrian.miles@mackayairport.com
Phone:	0448 954 419	0401 565 396

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## CAPL / MAPL OFFICE USE - Management to Complete

Date Notification Receiv	ved:					
Corrective/Preventative Action Proposed:						
Responsibility:			Proposed Completion Date			
Potential Risk posed			Anticipated Risk	•		
by Hazard:			after action:			
Health & Safety Advisor	's Comments:					
	Environm	ent Dept	Security	Saf	ety Committee	
Forwarded to:	Other		<b>,</b>			
Signature:			Date:			
Department Manager's	Comments:					
Name:			Position:			
Signature:			Date:			
General Manager's Com	ments:					
				-		
Name:			Position:			
Signature:			Date:			
Feedback With 'Thanks' to Originator::						
Name:			Position:			
Signature:			Date:			
Date Incident Closed:			Hazard	Register u	pdated	
	L					
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