



Section/division  
Telephone number:  
Physical address  
Postal address:

**AIID**  
**011-545-1363/1242**  
**Ikhaya Lokundiza, 16 Treur Close, Waterfall Park, Bekker Street, Midrand, Gauteng**  
**Private Bag X73, Halfway House 1685**

Form Number: CA 12-32  
Fax Number: 011 545 1453  
Website: [www.caa.co.za](http://www.caa.co.za)

**CENTRAL SAFETY AND SECURITY REPORTING REFERRAL FORM**

<b>Ref No:</b>	<b>CSSR</b>	
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Date received		Date referred					
Department referred to		Is the report confidential?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><b>YES</b></td> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;"><b>NO</b></td> <td style="width: 20px;"></td> </tr> </table>	<b>YES</b>		<b>NO</b>	
<b>YES</b>		<b>NO</b>					
Responsible SM		Responsible GM					

**REPORTER'S CONTACT DETAILS** (NB: Not applicable for confidential report):

Name		Organisation	
Contact no		Email	
Fax no		Other	

**HAZARD / INCIDENT RELATES TO** (Please tick the relevant box):

Cabin Crew		Training	
Aircraft Maintenance		Air Traffic Service	
Flight Operations		Aerodrome Operations	
Flight Crew		General Aviation	
Airlines		Airport Security	

**SAFETY INFORMATION**

Does the organization have a safety management program?	Yes	No	Does the organization have a quality assurance program?	Yes	No	Has the organization recently been subject to an outside audit?	Yes	No
Is there a safety department? If so, to whom does it report?	Yes	No	Report to? (CEO/Executive/etc.)	Has there been a formal hazard analysis of the operation?			Yes	No

**TO BE COMPLETED IN BY DEPARTMENT:** (e.g.: Airworthiness, Certification, etc)

Report allocated to (Department's Representative):		Date allocated:
Details of investigation or analysis		

