DEPARTMENT OF THE NAVY

COMMANDER TRAINING AIR WING ONE
101 FULLER ROAD SUITE 250
MERIDIAN MS 39309-5403

IN REPLY REFER TO:
COMTRAWINGONEINST 5100.2H
N7
20 Jan 11

COMTRAWINGONE INSTRUCTION 5100.2H

From: Commander, Training Air Wing ONE

Subj: HAZARD REPORTING PROGRAM

Ref: (a) OPNAVINST 3750.6R
(b) OPNAVINST 5100.24B
(c) CNATRAINST 3750.23M
(d) COMTRAWINGONEINST 3710.7U

Encl: (1) Sample TW-1 Hazard Report

1. Purpose. To prescribe procedures for reporting and correcting hazardous conditions in Training Air Wing ONE (TW-1) in accordance with references (a) through (d).

2. Cancellation. COMTRAWINGONEINST 5100.2G

3. Scope. The provisions of this instruction are applicable to all TW-1 units. Airborne operational hazards, including FAA interface and airspace restrictions and delays, remain within the purview of reference (d) and should be reported in accordance with paragraph 1401.

4. Definition. Hazard – Any situation or practice that, if continued, may result in a mishap or physical injury.

5. Action

a. Wing Safety Officer. The TW-1 Safety Officer is designated the High Risk Course Safety Officer. He shall be responsible for the following actions:

(1) Monitor and routinely review hazard reports submitted by organizational activities.

(2) Analyze open-action feedback.

(3) Process open-action reports.

(4) Ensure liaison between aviation safety and general safety managers.

(5) Monitor the hazard reporting program.

b. Unit Commanding Officers. Commanding Officers of units assigned to TW-1 shall be responsible for the following actions:

(1) Ensure that Hazard Report forms are available to all personnel.

(2) Take appropriate action on Hazard Reports received through their organization.

(3) Submit a Hazard Report in accordance with reference (a) as well as enclosure (1) of this instruction.

(4) Forward a copy of all processed Hazard Reports to TW-1 Safety Officer (Code N9) with a notation of action taken or a request for action by higher authority.

(5) Ensure implementation and compliance with this hazard reporting program.

c. Unit Safety Officers. Unit Safety Officers are designated the High Risk Course Safety Officer. They shall be responsible for the following actions:

(1) Assign a control number to each Hazard Report.

(2) Assign a command representative to investigate all Hazard Reports submitted.

(3) Endorse the report as appropriate.

(4) Forward investigation findings along with recommendations to the commanding officer for appropriate action.

d. Investigating Representative. The representative assigned to investigate a reported hazard shall be responsible for the following actions:

(1) Conduct a thorough examination of the alleged hazard and assign a risk assessment code as outlined in reference (b).

(2) Forward the report to the Safety Officer upon completion of the investigation.

6. Appeals. Anyone may appeal the results of a Hazard Report investigation, if desired, utilizing the procedures outlined in reference (b).

7. Disposition. A hazard investigation is considered to be "open" until appropriate corrective measures have been completed. Once corrective measures have been completed, the investigation shall be considered "closed."

When the investigation is closed, the date and corrective action taken shall be noted on the Hazard Report Form. Unit commanding officers will normally determine final disposition.

KEITH T. TAYLOR

Distribution:
Electronic only, via TRAWING ONE website:
https://www/cnatra.navy.mil/TW1/pubs_instructions.asp
https://www/cnatra.navy.mil/TW1/pubs_notices.asp
https://www/cnatra.navy.mil/TW1/cancellations.asp

TW-1 HAZARD REPORT

_____

ACTIVITY DATE

_____

NAME OF PERSON SUBMITTING REPORT

1. GENERAL NATURE OF HAZARD:

AVIATION (flight)	AUTOMOTIVE (pedestrian)
AVIATION (maint.)	RECREATOINAL
AUTOMOTIVE	OTHER_____

2. SPECIFY TYPE OF HAZARD:

FIRE/EXPLOSION	HAZARDOUS CHEMICALS
ELECTRICAL	COLLISION
STRUCTURAL	OTHER_____

3. WHERE DOES THE HAZARD EXIST? (Building number, shop , room number, etc.)

4. HAZARD APPLIES TO:

SHOP PERSONNEL	STATION PERSONNEL
PERSONNEL, NAVY WIDE	OTHERS_____

5. DOES HAZARD THREATEN DEATH OR SERIOUS INJURY? **Yes / No**

6. BRIEFLY DESCRIBE THE HAZARD:

7. CIRCLE THE PROBABLILITY OF A MISHAP OCCURRING FROM THIS HAZARD? (circle one)
   Unlikely to Occur / Possible in Time / Probable in Time / Imminently Probable

8. HAS HAZARD BEEN REPORTED TO A SUPERVISOR? **Yes / No**
   (if yes, state who and date reported)

9. DO YOU HAVE ANY RECOMMENDATION ON HOW TO ELIMINATE THIS HAZARD?

10. I **DO/DO NOT** WANT MY NAME DELETED FROM THIS COMPLAINT. (WHEN COMPLETE, TURN IN TO THE SAFETY OFFICER).

TW-1 HAZARD REPORT

TRL#_____

SAFETY OFFICER ASSIGNED _____
NAME/PHONE #

FOR USE BY SAFETY ONLY

5102.1A YES/NO

RISK ASSESSMENT CODE: _____

REVIEWED BY:	DATE	INITIAL
COMMAND SAFETY OFFICER	_____	_____
COMMANDING OFFICER	_____	_____
NAVHOSP MANAGER	_____	_____
TW-1 SAFETY OFFICER	_____	_____

---------- DISPOSITION:

_____OPEN _____CLOSED

DATE CLOSED: _____

REMARKS AND ACTION TAKEN: