

# Aviation Section Safety Program

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## Survey

Please fill out the following questionnaire and return it to Bryan Smith's mailbox in the attached envelope.

If you wish to add your name, that will help with follow-up. All responses will be kept anonymous

**1.** What are your top three Safety Concerns at the Aviation Section? Also, estimate what the risk of an accident/incident is with each item (High, Moderate, Low)

a. \_\_\_\_\_

Risk \_\_\_\_\_

b. \_\_\_\_\_

Risk \_\_\_\_\_

c. \_\_\_\_\_

Risk \_\_\_\_\_

**2.** What are your recommendations to fix these three issues?

a.

\_\_\_\_\_  
\_\_\_\_\_

b.

\_\_\_\_\_  
\_\_\_\_\_

c.

\_\_\_\_\_  
\_\_\_\_\_

**3.** What do you think is most likely to lead to the next accident here if not addressed?

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**4.** What makes you feel the safest at our operation?

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**5.** How safe do you feel reporting a hazard or incident that you observed or happened to you? (Circle One)

Very Safe   Somewhat Safe   Neutral   Not Safe   Would Probably Not Report

**6.** Additional comments or safety concerns: \_\_\_\_\_

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