

Aviation Security Incident Report



Australian Government
Department of Home Affairs

The Department must be notified of a security incident (incident) as soon as possible, but no later than 24 hours after the incident is identified. Reports can be made either (a) in writing, or (b) orally and followed up in writing within 24 hours. This report should contain as much of the following information as within the knowledge of the person making the report.

Note: All fields marked with an * are mandatory

Report date

Your reference number

1. Incident Details

* Date of incident

(dd/mm/yyyy)

* Time incident

commenced (local)

(24-hr hhmm)

* Time incident

ceased (local)

(24-hr hhmm)

* Aviation Industry Participant

(Name of organisation)

* Location

(Airport Name)

* Location of incident

(State)

Airport area

Terminal number

2. Category Security Incident

Please choose the category of incident from the list below which best describes the incident you are reporting. This list should be used as a guide only, it is not exhaustive. For incidents that fall outside of the categories listed below please nominate "other" and provide a brief description.

☐

ASIC event

☐

Disruptive person

☐

Screening refusal

☐

Aviation security emergency

☐

Interference with aviation operations

☐

Suspicious activity

☐

Communicated threats

☐

Procedural failures

☐

Suspicious items

☐

Damage or technical failure of a security system

☐

Prohibited item or weapon in a secure area

☐

Unauthorised access

☐

Detection at a screening point/CBS

☐

Prohibited item or weapon on aircraft

☐

Unscreened access

☐

Other (Please specify)

3. Incident Assessment

If the incident was a **Threat**, please provide the following information:

Assessed As

☐

Genuine

☐

Hoax

Assessed by (Name of person)

Threat received by

☐

Airport Operator

☐

Airline (Airport office)

☐

Airline (City office)

☐

RACA

☐

Other (Please specify)

Tracing

☐

Successful

☐

Unsuccessful

☐

Not attempted

4. Aircraft Information

Did the incident involve an aircraft?

☐

No > go to question 5

☐

Yes

* Aircraft type

* Flight number

Aircraft registration

Place of departure

Place of arrival

Was the aircraft in flight?

No ☐

Yes ☐

5. Incident Description

Background - Please provide details leading up to the incident.

Please attach additional pages if required

When completed send the form to the Department by email: transport.security@homeaffairs.gov.au

*** Incident Description** - Describe the nature of the incident in detail.

Please attach additional pages if required

Action/Outcome - Describe what action you or your organisation took, what the outcome was and what actions will be taken to prevent a recurrence.

Please attach additional pages if required

6. People involved in the incident

Complete the following details for all people involved in, or affected by, the incident (if other people involved).

1. Full name	Organisation	2. Full name	Organisation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Full name	Organisation	4. Full name	Organisation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Which other organisations have been notified?

Other organisations may include for example; state/territory police, Australian Federal Police, Airservices or other aviation industry participants.

1. Organisation	Who has been notified	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Organisation	Who has been notified	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Organisation	Who has been notified	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete the following details if you are aware that the incident has been previously reported to the Department.

Person notified in the Department	Date (dd/mm/yyyy)	Time (24-hr hhmm)
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Reason for Report

☐ The result of a routine security inspection of the airport.

☐ A security incident witnessed by:

* Full name	<input type="text"/>	* Organisation	<input type="text"/>	* Contact	<input type="text"/>
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9. Reporting Officers Contact Details

This section is to be completed by the officer completing the form.

* Full name	<input type="text"/>				
* Position	<input type="text"/>	* Phone	<input type="text"/>	Fax	<input type="text"/>
* Email	<input type="text"/>				
Organisation	<input type="text"/>	Street No and Name	<input type="text"/>		
City/Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>

Office Use Only

Report No	<input type="text"/>	Serial no	<input type="text"/>	File ref	<input type="text"/>	Date	<input type="text"/>
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