



**Civil Aviation Authority of the Philippines
Initial Post-Hazard Assessment and Damage Report**

1. HAZARD / INCIDENT NAME				
Date and Time of Occurrence				
2. NAME OF AIRPORT (include Area Center and Region)				
3. Status of airport at the time of reporting Terminal: Open <input type="checkbox"/> Closed <input type="checkbox"/> Runway : Open <input type="checkbox"/> Closed <input type="checkbox"/> Flights : Operational <input type="checkbox"/> Suspended <input type="checkbox"/>			Remarks	
4. Manpower	Number of Injured	Number of Casualties	Remarks	
Regular				
Job Order / Others				
5. Air Traffic Service				
Name of Equipment	Location	Damaged?		Extent of Damage / Remarks
		Yes	No	
Air/Ground Communication Equipment				
Met Instrument				
Telephone / Hotlines				
Light Gun				
Others				
6. Air Navigation Service / Airfield Lighting and Power				
Name of Equipment	Location	Damaged?		Extent of Damage / Remarks
		Yes	No	
DVOR				
DME				
VOR				
ILS				
Power Plant				
Others				
7. Safety Office / Aerodrome Rescue and Fire Fighting				
Name of Equipment/Structure	Location	Damaged?		Extent of Damage / Remarks
		Yes	No	
Runway				
Taxiway				
Fire Truck				
Wind Cone				
Airport Markers				
Perimeter Fence				
Others				
8. Recommendations and/or other relevant information not specified above (use separate sheet if necessary)				
9. Prepared by:		Date Prepared:	Time Prepared:	
Complete Name / Position and Signature				
10. Reviewed by Ap Mgr/OIC or Authorized Person:		Date Approved:	Time Approved:	
Complete Name / Position and Signature				

GUIDELINES ON ACCOMPLISHING THE FORM:

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Name of Airport	Enter the name of the Airport
2	Hazard/Incident Name	Enter the name of the hazard (e.g. earthquake, fire, typhoon, flooding, etc.) Enter the date (mm-dd-yyyy) and time (24 hour format) when the hazard directly affected the airport and its facilities
3	Status of airport at time of reporting	Select appropriate status of airport terminal, runway and flights
4	Manpower	Enter the number of known injured or number of casualties of CAAP personnel.
5	Air Traffic Service	Indicate name of equipment and if damaged or not. If damaged specify the extent of damage.
6	Air Navigation Service/ Airfield Lighting and Power	
7	Safety Office / Aerodrome Rescue and Fire Fighting	
8	Recommendations and/or other relevant information not specified above	Recommendations and/or other relevant information not covered by formatted entries above, e.g. extent of runway damage after an earthquake, number of other people (passengers, vendors, other agencies) at the terminal who were injured or were casualties, stranded personnel or passengers in the airport terminal, etc.
9	Prepared by	Enter complete name, position, signature, date (mm-dd-yyyy), and time (24 hour format) the form was prepared and completed.
10	Reviewed by Airport Manager / OIC or Authorized person	Enter complete name of the person in authority, position, signature, date (mm-dd-yyyy), and time (24 hour format) the form was reviewed for submission to CAAP Heads and CAAP Operations Center.

Note: Always send a copy of the report to CAAP OpCen thru email and/or viber.