

NIGERIAN SAFETY INVESTIGATION BUREAU

SAFETY HOUSE, NNAMDI AZIKIWE INTERNATIONAL AIRPORT P.M.B. 7009 GARKI FCT- ABUJA,
NIGERIA



ACCIDENT SITE HAZARD IDENTIFICATION AND RISK ASSESSMENT CHECKLIST

INVESTIGATION NUMBER	AIRCRAFT TYPE / REGISTRATION MARKS/ OPERATOR
DATE	ASSESSMENT CONDUCTED BY

ITEMS TO BE CHECKED DANGER NO NOT REMARKS
 EXISTS DANGER KNOWN

THE WRECKAGE

1. Danger of fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Hot areas after fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Flammable fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Other flammable liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Corrosive material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Dangerous goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Risk of explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Ammunition or pyrotechnics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Risk of electricution/ Electric shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Dangerous components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Sharp glass and/or metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Sharp composite material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Risk of collapsing structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Risk of falling material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Bio-hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Pressurized components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Electromagnetic radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Radioactive radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Pressurized systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Composite ash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ENVIRONMENTAL RISKS

22. Other traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23. Rain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. Darkness or bad lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. Slippery areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27. Risk of injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Risk of falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Risk of drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Risk of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Dangerous wildlife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

OTHER FACTORS

32. Protective equipment insufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Lack of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Lacking of proper tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Rush and/or fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Lack of vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Other danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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RESULT OF RISK ASSESSMENT (Are the risks acceptable and actions required)

THIS DOCUMENT MUST BE FILED IN INVESTIGATION FOLDER

