U.S. DEPARTMENT OF TRANSP FEDERAL AVIATION ADMINISTR SAFETY IMPROVEMENT	RATION	This report is authorized by law (49 U.S.C. 1421) while you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely.
ideas for program improvement or to	report hazards on o	Aviation Accident Prevention Program. This form is provided for you to offer or adjacent to airport traffic patterns; incomplete, inaccurate or obsolete flight data contaminated fuel; etc. This report is not intended to be used to
USE THE SPACE BELOW TO TELL (If you are reporting a hazard, tell us		PROGRAM IDEAS OR ABOUT A HAZARD THAT MIGHT CAUSE AN ACCIDENT. is located, and when it was noticed.)
DATE	YOUR NAME AND	ADDRESS (Optional)

FAA FORM 8740-5 (3-80)

FORMERLY FAA FORM 8000-7 (2-71)

PAPERWORK REDUCTION ACT STATEMENT: The information collected on this form is necessary to ensure safe operation of aircraft in the national airspace. The information will be used to identify unsafe situations in the national airspace system. It is estimated that it will take approximately 9 minutes to complete the form. Completion of this form is voluntary. There is no confidentiality provided or needed. Note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0057.