

Close Call Reporting

Company Name: Person Reporting: Date: Location: **Risk Rating:** ☐ Low ☐ Med ☐ High Description: **Corrective action Required: Corrective Discussion Only: Reviewed with Crew:** ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A **Description of Actions: Date Completed: Corrective Action Completed:** ☐ Yes □ No □ N/A Person Responsible Name/Signature: **Supervisor Signature: Company Name: Person Reporting:** Date: Location: **Risk Rating:** ☐ Low □ Med ☐ High Description: **Corrective action Required: Corrective Discussion Only:** Reviewed with Crew: ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A **Description of Actions: Corrective Action Completed: Date Completed:** ☐ Yes □ No □ N/A Person Responsible Name/Signature: **Supervisor Signature:**

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Company Name:

Person Reporting:	Date:	Location:					
		Risk	Rating:	☐ Low	☐ Med	☐ High	
Description:			···················				
Corrective action Required:	Corrective Discussion Only:	Reviewed with Crew:					
☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N	☐ Yes ☐ No ☐ N/A					
Description of Actions:							
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☐ Yes ☐ No ☐			Jaio Compional				
			Supervisor Signature:				
		I					
Company Name:							
Person Reporting: Date:			Location:				
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Description:							
Corrective action Required:	Corrective Discussion Only:	Reviewed with Crew:					
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Description of Actions:							
Corrective Action Completed:			Date Completed:				
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Person Responsible Name/Signature:			Supervisor Signature:				

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