

Close Call Reporting

Company Name:

Person Reporting:		Date:	Location:		
Risk Rating:			<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Description:					
Corrective action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Corrective Discussion Only: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Reviewed with Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Actions:					
Corrective Action Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Date Completed:	
Person Responsible Name/Signature:				Supervisor Signature:	

Company Name:

Person Reporting:		Date:	Location:		
Risk Rating:			<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Description:					
Corrective action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Corrective Discussion Only: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Reviewed with Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Actions:					
Corrective Action Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Date Completed:	
Person Responsible Name/Signature:				Supervisor Signature:	

Close Call Reporting

Company Name:

Person Reporting:		Date:	Location:		
			Risk Rating: <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High		
Description:					
Corrective action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Corrective Discussion Only: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Reviewed with Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Actions:					
Corrective Action Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				Date Completed:	
Person Responsible Name/Signature:				Supervisor Signature:	

Company Name:

Person Reporting:		Date:	Location:		
			Risk Rating: <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High		
Description:					
Corrective action Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Corrective Discussion Only: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Reviewed with Crew: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Description of Actions:					
Corrective Action Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Date Completed:	
Person Responsible Name/Signature:				Supervisor Signature:	