

NLGC Accident, Incident and Safety Occurrence Reporting Standard Operating Procedures

NLGC Occurrence/Quality Improvement Form	
Date of Event _____ Location _____ Registration _____	Reporter _____ Persons Involved _____ _____ _____

<input type="checkbox"/> Incident/Accident (Non Aero) <input type="checkbox"/> Incident (Aero) <input type="checkbox"/> Hazard Identification	<input type="checkbox"/> Complaint <input type="checkbox"/> Noncompliance to Rules/SOP's <input type="checkbox"/> Opportunity for Improvement
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Description of Events

Findings (Why did it Occur)

1.
2.
3.
4.

Corrective Actions (CFI/Committee)

1.			
2.			
3.			
4.			
Person Assigned to Corrective Action		Date Action to be Completed By	
Date Completed		Signed	