



**MINISTRY OF TRANSPORT, INFRASTRUCTURE, HOUSING
AND URBAN DEVELOPMENT**
STATE DEPARTMENT OF TRANSPORT
AIR ACCIDENT INVESTIGATION

CORRECTIVE/PREVENTIVE ACTION REPORT FORM

Form Number: MOT&I /AAID/F/3

SC No.	Safety Concern/Corrective & Preventive Action Report	Date SC Found:
1. DETAILS: Safety concern raised as a result of:		
<input type="checkbox"/> Flight Crew	<input type="checkbox"/> Aerodrome physical condition	<input type="checkbox"/> Aircraft Maintenance
<input type="checkbox"/> Air Traffic Management	<input type="checkbox"/> Company operations	
<input type="checkbox"/> Weather	<input type="checkbox"/> Others _____	
2. REFERENCES: Documents used or referred-to (e.g. manuals, procedures, flowcharts, standards, records ...)		
3. SAFETY CONCERN: Description of safety concern		
Detected or Observed by:		Department:
4. DISPOSITION: Immediate remedial action		
Proposed by:	Date:	Implementation date:
5. INVESTIGATION: Cause of safety concern: (Internal investigation shall be conducted by the department or section where the safety concern was found)		
Investigated by:		Date investigation started:
		Date investigation finished:

6. CORRECTIVE/PREVENTIVE ACTION: (Preventive action is only required for safety concern.
Fill ONLY EITHER "Corrective Action" OR "Preventive Action"

Corrective Action:	Preventive Action:
Proposed by:	Date:
	Proposed implementation date:

7. VERIFICATION OF VALIDITY OF CORRECTIVE "or" PREVENTIVE ACTION:

<input type="checkbox"/> Addresses the root cause? <input type="checkbox"/> Prevents recurrence? <input type="checkbox"/> Valid <input type="checkbox"/> Invalid. Remarks: _____ _____	<input type="checkbox"/> Addresses the root cause? <input type="checkbox"/> Prevents occurrence? <input type="checkbox"/> Valid <input type="checkbox"/> Invalid. Remarks: _____ _____
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Signature: (Lead Auditor)	Date:	Signature: (Lead Auditor)	Date:
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8. FOLLOW-UP OF IMPLEMENTATION CORRECTIVE/PREVENTIVE ACTION TAKEN:

Implementation of corrective action is: <input type="checkbox"/> Implemented <input type="checkbox"/> Not implemented. Remarks: _____ _____	Implementation of preventive action is: <input type="checkbox"/> Implemented <input type="checkbox"/> Not implemented. Remarks: _____ _____
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Signature: (Director AAID)	Date:	Signature: (Director AAID)	Date:
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9. VERIFICATION OF EFFECTIVENESS OF IMPLEMENTED CORRECTIVE/PREVENTIVE ACTION:

Corrective action is: <input type="checkbox"/> Effective <input type="checkbox"/> Not effective. Remarks: _____ _____ _____	Preventive Action: <input type="checkbox"/> Effective <input type="checkbox"/> Not effective. Remarks: _____ _____ _____
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Signature: (Director AAID)	Date:	Signature: (Director AAID)	Date:
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Instructions:

1. Investigator-In-Charge or person observing non-conformity shall fill-in sections 1, 2, 3.
2. The operator or affected person shall fill-in sections 4, 5, 6.
3. Director AAID or AAID representative shall fill-in sections 7, 8 and 9