

MONTHLY SAFETY REPORT

INSTRUCTIONS: A monthly Safety Report with the sign-in roster on the reverse of this form signed by all members in attendance must be completed by each squadron and forwarded to Wing Headquarters to arrive by the tenth day of each month. This form may be mailed, faxed, or a scanned image of the original document electronically sent. All forms received must be legible.

RETAIN A COPY FOR YOUR FILES. *A negative response to section II should be marked (none) if no safety presentation given. Please give explanation as to why there wasn't a safety presentation given (use remarks section)*

I. SQUADRON DATA

Squadron Name: _____ Charter Number _____ Date Prepared: _____
Name and Rank of Squadron Safety Officer: _____ Report for the Month of: _____

II. MONTHLY SAFETY PRESENTATION

Date of Monthly Safety Presentation: _____ Number of Attendees: _____
Brief Outline of Safety Presentation: (Aviation, non-aviation. Attach additional pages if needed.)

III. MISCELLANEOUS

CHECK APPROPRIATE BLOCKS AND EXPLAIN IN REMARKS SECTION ON THE REAR

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>		Unsafe conditions required the completion of a CAPF 26 "CAP Safety Improvement or Hazard Report." If yes , explain in remarks section and attach a copy of a completed CAPF 26.
<input type="checkbox"/>	<input type="checkbox"/>		Unsafe conditions require the completion of an FAA Form 8740-5, "Safety Improvement Report." If yes , explain in remarks section.
<input type="checkbox"/>	<input type="checkbox"/>		Coordinate with other safety organizations. If yes , explain in remarks section.
<input type="checkbox"/>	<input type="checkbox"/>		Issued new/revised squadron safety policies/procedures. If yes , attach a copy.
<input type="checkbox"/>	<input type="checkbox"/>		Posted safety bulletins, posters, brochures, or other literature at Squadron HQ.
<input type="checkbox"/>	<input type="checkbox"/>		Conducted semi-annual safety survey. If yes , attach a copy of the survey form. (This will need to be completed in January and July only.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the Cadet Safety Officer make a presentation to the cadets? If yes , complete Section below.

Name and rank of Cadet Safety Officer: _____ Subjects(s) presented: _____

Signature of Squadron Commander or Safety Officer: _____ Date: _____

