

Reporting Analysis Form

Author / Sender or SM	<input type="radio"/> Accident	<input type="radio"/> Incident	<input type="radio"/> Mandatory	
	<input type="radio"/> Voluntary	<input type="radio"/> Hazard	<input type="radio"/> Suggestion	<input type="radio"/> Anonymus
	Description of the event or hazard:			
	Reason why the event happened (route cause):			
	Action taken to manage the event (corrective action) or possible action to mitigate hazard:			
	Suggestions to prevent this event in the future (preventive action)			
	Date	Name	Signature	
Please send the form either to info@albiswings.ch or to the Chief Flight Instructor. Do not fill-out the part below! Thank you.				
CFI	Classification based on Tolerability Matrix			
	<input type="radio"/> Acceptable Region	<input type="radio"/> Tolerable Region	<input type="radio"/> Intolerable Region	
	Date	Name	Signature	
CFI/DCFI	Corrective/Preventive Action			
	Action	Responsible	Due date	
	Date	Name	Signature	
CFI/FI	Verification			
	Verificaton date:	<input type="radio"/> Follow up <input type="radio"/> Inspection <input type="radio"/> Audit	<input type="radio"/> Status <input type="radio"/> Closed <input type="radio"/> Open	Signature