

COMPANY USE ONLY

More Information	Notes:

<i>Yellow Reports</i> CAP: Short Term	
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Implementation Date:	Effectiveness Review Date By:	Sign & Date:
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<i>Red Reports</i> CAP Long Term	
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Implementation Date:	Effectiveness Review Date By:
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Effectiveness Review Date	Findings or Results	Done By:

CAP Other	
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Implementation Date:	Effectiveness Review Date By:	Sign & Date:
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Yellow Published to: _____
 Manager _____ Signature: _____ Date: _____

Red Published to: _____
 CFI/DOM _____ Signature: _____ Date: _____

Safety Officer Recommends Closing Date _____
 Close Date _____ CFI Signature: _____