

West Virginia Wing Monthly Unit Safety Report

Unit Name _____ Charter # _____

For the Month of _____

1. Has the Safety Officer or Assistant Safety Officer changed since the last Report? Yes
 No

2. Have any reportable accidents or incidents occurred? Yes No
If Yes, attach a copy of the CAPF 78 (If not already sent to Wing).

3. Have any non-reportable accidents or incidents occurred? Yes No
If Yes, attach a copy of the CAPF 78 (If not already sent to Wing).

4. Does the Unit have a supply of the following Safety related Forms?
NASA Aviation Safety Reporting System Form (ARC-277B) Yes No
USDOT Safety Improvement Report FAA Form 8740-5 Yes No
If more are needed, indicate here _____

5. Monthly Safety Meeting – Give a brief outline of subject(s) covered, dates held, and a list of individuals in attendance. Use back or attach separate page if needed.

Unit Commander's Signature

____/____/____
Date

Safety Officer's Signature

____/____/____
Date

