

	TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION	Revision: 0
Document No: TCAA/FRM/SR/ANS-1A	Title: Corrective Action Form	Page 1 of 1

Finding No:	Date:	Station:
Description Of Finding:		
Recommendation:		
Operator's Comments And Observations:		
Corrective Action(S) Proposed	Action Office	Estimated Implementation Date
Corrective action evaluation (follow up taken): Satisfactory (Yes/No)		
Closed out date:	Signed by Inspector:	Signed by Operator: