

	TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION	Revision: 0
Document No. TCAA/FRM/SR/AGA-09	CORRECTIVE ACTION PLAN FORM	Page 1 of 1

Finding No:	Date:	Aerodrome ID:
Description of Finding:		
Risk Index: <i>*According to Safety Risk Severity and Probability</i>	Risk Tolerability <i>*Tolerable or intolerable</i>	
Duration for Resolution of the Finding: <i>*Immediate/corrected within 90 days/corrected between 90 days and 12 months/corrected beyond 12 months</i>		
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: