

Date: _____ Time of Occurrence: _____

ASRS Report Number (If applicable): _____

Instructor: _____ Student: _____

Description of occurrence:

Checklist Items:

- Safety report completed (this form)
- Instructor notified of occurrence
- ASRS report completed: <https://asrs.arc.nasa.gov/>
- Instructor / student discuss corrective steps / learning opportunities
- Email this report to Zach : Zachary.Ganton@gmail.com