



SAFETY AND SECURITY OVERSIGHT PROGRAM
Florida DOT
Corrective Action Tracking Log

SSO-14
07-07

Name of Transit System _____ **Year** _____ **District No.** _____

Fixed Guideway Transportation System Safety and Security Oversight Program

Date	CAP Internal ID #	*Source	Identified Action Item	Proposed Completion Date	Responsibility Transit System	Issues Preventing Resolution	**CAP Status	Notes	Date of CAP Completion Verification
	15	25	75		40	75	15	75	

*Examples of Source: Event Investigation, Facility, Vehicle or Equipment Inspection, Hazard Analysis, Safety or Security Review, Rules Violation

**Examples of Status: Not started, Open, In Progress, Closed

Prepared by: _____

Final resolution must be verified to the FDOT District Office in order to close the CAP.