



SAFETY AND SECURITY OVERSIGHT PROGRAM
Fixed Guideway Transportation System
Hazard and Corrective Action Tracking Log

SSO-13
 07-07

Name of Transit System _____ **Month & Year** _____

No Hazards Requiring a Corrective Action Plan Identified this Month

Date	Hazard ID #	CAP Internal ID #	*Source	Hazard and/or Identified Action Item	Proposed Completion Date	Responsibility Owner	Issues Preventing Resolution	**CAP Status	Notes	Date of CAP Completion Verification
	15	15	25			25	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

Submitted by: _____

Date: _____