Civil Air Patrol Safety Information System Safety Reporting Guide

Contents

Document Control

Version 2 – 08 September 2022	Clarified initial reporting requirements per revised CAPR 160-2; updated content based on changes to CAPSIS application.

Safety Reporting, Reviewing, and Action Planning Process

Phases	Steps	Tools
Reporting	1. Report safety significant occurrence (SSO) per CAPR 160-2 and region supplement 2. Report safety significant occurrence (SSO) in CAPSIS	*Region supplement to CAPR 160-2* *Safety Reporting Guide*
Reviewing	3. Determine what happened 4. Define the contributing human and non-human factors 5. Select the cause categories and causal factors	*Safety Reviewing Guide* *Factors Analysis Worksheet*
Action Planning	6. Select recommended mitigating actions 7. Determine Office of Primary Responsibility (OPR) 8. Provide justification for selected action 9. Submit recommended action plan 10. Accept, revise, or decline recommended action(s)	*Safety Action Planning Guide*
Validating	11. Provide date of implementation for action item	*Safety Action Planning Guide*

Civil Air Patrol Safety Information System
Safety Reporting Guide

1.0. Overview. A key component of Civil Air Patrol's Safety Management System is the reporting of observed or potential hazards leading to actual or possible harm to our members and damage to our equipment.

Safety Reporting
1. Report safety significant occurrence (SSO) per CAPR 160-2 and region supplement
2. Report safety significant occurrence (SSO) in CAPSIS

2.0. Who should make safety reports? All members must report observed or potential safety hazards. Consult with your safety officer to ensure you are providing all relevant information when reporting.

3.0. Where should safety reports be made? Before entering any information into CAPSIS, the following reporting requirements must be followed to ensure the right people are notified and take other required actions.

3.1. Members. Report all SSOs you witnessed, were involved in, or discovered to an activity director, encampment commander, or incident commander as applicable. In the absence of these, report SSOs you witnessed, were involved in, or discovered to your unit commander, or wing commander if the unit commander cannot be reached.

3.2. Activity Directors, Encampment Commanders, Incident Commanders.

3.2.1. Notify emergency contact (CAPF 161, if applicable).

3.2.2. Report all SSOs to the members' involved unit commander, or wing commander if the unit commander cannot be reached.

3.3. Unit or Wing Commanders. Follow your region supplement for notifying next level commander and directors of safety.

3.4. Region Commanders. Report all death, serious injuries or illnesses, or reportable accident/incident to CAP National Operations Center (NOC) per CAPR 160-2.

3.4.1. **Other reporting to the NOC.** Refer to CAPR 160-2 – Section 6, for a list of other situations requiring reports to the NOC.

4.0. Who should enter the SSO information into CAPSIS?

4.1. All members may enter SSOs into CAPSIS, however, activity safety officers, mission safety officers, unit and wing safety officers should ideally complete the initial entry or assist members in doing so.

5.0. What if I need to enter a report for training or specialty track purposes? Select the "This entry is used for Specialty Track or for Training" button. By selecting the referenced button, the system will not count this as an official report and can be deleted by the safety officer once completed.

6.0. When should reports be made in CAPSIS? After consulting with your safety officer, input as much information as is known about the SSO as soon as possible, but no more than 48 hours after date of the occurrence or from the date evidence of an SSO may have occurred. Be sure to upload any photos and/or documents that the review officer may need to conduct a review.

7.0. What terms are associated with safety reporting?

    7.1. Safety Significant Occurrence. Any observed outcome that resulted in or could have resulted in damage to equipment or a facility, injury to a member, and/or a member illness.

    7.2. Reportable Accident or Incident. 49 CFR Part 830 defines requirements for immediate and later reporting of aircraft accidents and incidents to the National Transportation Safety Board (NTSB). 14 CFR Part 107.9 specifies accident reporting for small unmanned aerial systems (sUAS). Refer to these regulations for the most current and up to date requirements. All NTSB reportable accidents or incidents must be reported the National Operations Center per CAPR 160-2.

    7.3. Damage. Any physical harm, breakage, marring, or any unintended change to a vehicle, aircraft, facility, or any other piece of real or personal property. This includes any damage to CAP property, regardless of the cause, or damage to private property that may occur during a CAP activity or mission.

    7.4. Injury. Evidence of internal or external physical trauma or damage to the body and/or evidence of an aggravated pre-existing injury in the context of a CAP activity or mission.

    7.5. Illness. Evidence of disease or sickness affecting the body or mind and/or evidence of an aggravated pre-existing illness occurring in the context of a CAP activity or mission.

    7.6. Near Miss. An SSO that did not, but could have resulted in damage to equipment, injury to a member, and/or a member illness.

8.0. What information should members report? The Safety Reporting Process in CAPSIS will lead you through the following steps for what information to provide for initial reporting. Only the "General" section contains mandatory fields, but you should collect and enter as much information as you can during initial reporting. The assigned review officer is responsible for ensuring the information in the initial report is complete and accurate.

8.1. Account. What happened? Keep this brief and do not include proper names or other identifying information.

General Information

Account – (Briefly describe what happened)

8.2. Date and local time. Select the date and time. Select the UNKNOWN box if not known.

Date and Local Time ☐ **Unknown**

mm/dd/yyyy --:-- --

8.3. Location. Input the state, city, and/or airport three-letter identifier. Select the UNKNOWN box if not known.

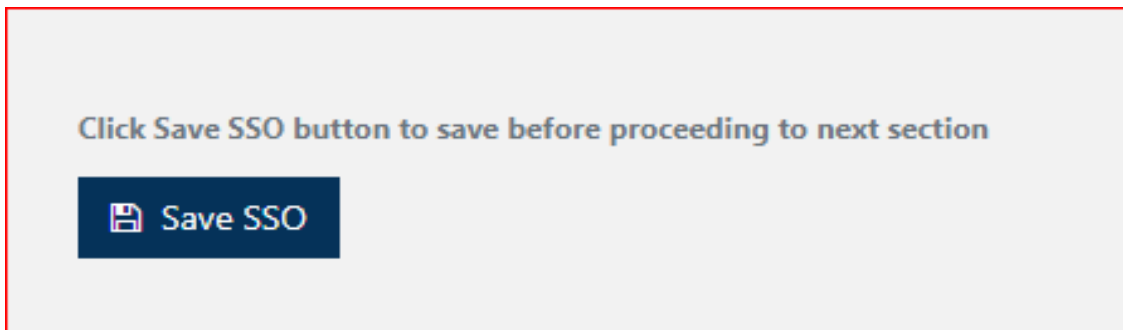**Location Information** ☐ **Unknown**

State

--Select One--

City

Airport

8.4. Near Miss. Select this box if there nothing was damaged, and no one was injured or became ill but could have.

Was this a near miss? ☐

8.4.1. Click "Save SSO" before moving on to the next tab.

Click Save SSO button to save before proceeding to next section

💾 Save SSO

8.5. Activity. Select the activity in which the SSO happened.

8.5.1. **Activity Type.** Depending on which activity is selected, you may also select the associated sub-activity. Only use the OTHER option if the activity or sub-activity is not listed. Other fields may auto fill based on selections from this list

Activity Type

--Select-- ⌄

8.5.2. **Wing/Unit**. Select the wing and unit with responsibility for the mission or activity in which the SSO happened. If this field is auto filled, verify it is accurate.

Responsible Wing/Unit

Which Wing/Unit had responsibility for the mission or activity in which the SSO happened?

--Select One-- ⌄

8.5.3. Click "Save SSO" before moving on to the next tab.

Click Save SSO button to save before proceeding to next section

💾 Save SSO

8.6. Individual. Enter the CAP ID of the individuals involved in or witnessing the SSO, add them to the report, and answer the injury and illness questions for each.

Individual

CAP Member?

Yes ◉ No ○

Search for User (CAPID or Name)

Enter CAPID or Name 🔍

First Name

Last Name

8.6.1. **Injury.** If the individual was not injured, select "No". If the individual was injured, select "Yes", and select additional information, if known, about the injury as requested by the system.

Did This Person Experience an Injury?

--Select-- ⌄

8.6.1.1. Select a severity. If the severity is not known at the time, you may leave this field unselected. "No medical treatment" may be selected if the individual only received first aid.

Did This Person Experience an Injury?

Yes

--Select--

--Select--
Fatal
Major - surgery or hospital stay of more than 24 hours required
Minor - no medical treatment required
Moderate - transported to urgent care or emergency room for medical treatment

8.6.1.2. Select a response to the question, "What was the nature of the injury?" Multiple selections are possible in this section.

What was the nature of the injury (select all that apply)

--Select--

8.6.1.3. Select and answer to the question, "What was injured?" Multiple selections are possible in this section.

What was injured? (select all that apply)

--Select--

8.6.1.4. Select an answer to the question, "What was the person doing when they experienced the illness or injury?"

What was the person doing when they experienced the illness or injury?

--Select--

8.6.2. **Illness.** If the individual did not experience an illness, select "No". If the individual did experience an illness, select "Yes", and select additional information, if known, about the illness as requested by the system.

> **Did this person experience an illness?**
>
> | --Select-- | ⌄ |
> |---|---|

8.6.2.1. Select a severity. If the severity is not known at the time, you may leave this field unselected. "No medical treatment" may be selected if the individual only received first aid.

> **Did this person experience an illness?**
>
> | Yes | ⌄ |
> |---|---|
>
> | --Select-- | ⌄ |
> |---|---|
>
> --Select--
> Fatal
> Major - surgery or hospital stay of more than 24 hours required
> Minor - no medical treatment required
> Moderate - transported to urgent care or emergency room for medical treatment

8.6.2.2. Select a response to the question, "What was the nature of the illness?" Multiple selections are possible in this section.

> **What was the nature of the illness?**
>
> | --Select-- | ▾ |
> |---|---|

8.6.2.3. Select an answer to the question, "What was the person doing when they experienced the illness or injury?"

> **What was the person doing when they experienced the illness or injury?**
>
> | --Select-- | ⌄ |
> |---|---|

8.6.3. **Witness.** If the individual was not injured, did not become ill, and had no other role in the SSO (i.e., pilot, driver), this field will default to "Yes" which will automatically notify the individual that they can provide a statement to the system when the initial report is completed.

Was this person a Witness to the SSO?

Yes ⌄

8.6.4. **Follow up.** Use this field to record any information that became known after-the-fact. Note that, in accordance with CAPR 160-2, "First Aid" is not considered medical treatment for the purposes of SSO reporting. If "First Aid" is selected, the region commander or the region director of safety have the option to close the occurrence or to require a review.

Follow Up

--Select-- ⌄

8.7. Resource. Enter the requested information about a damaged resource. Note that not all questions will be asked for every resource.

8.7.1. **Resource type.** Aircraft, Vehicle, Equipment, or Facility

Resource

Resource Type

Aircraft ⌄

8.7.2. **Who owns the resource?** CAP-owned, member-owned, or other

Who owns the aircraft?

--Select-- ⌄

8.7.3. **Who was onboard?** Select from the individuals listed previously and select the role they were serving in at the time.

Who was onboard or operating the aircraft?

Person

--Select--

Role

--Select--

+

8.7.4. **What specific resource was involved?** Based on the selected resource type, you can select from a list of information about the resource. If this field is auto filled, verify it is accurate.

What type of aircraft was involved?

--Select--

8.7.5. **When did the damage occur?** This question may include the phase of flight or the driving situation during which the damage occurred.

What phase of flight did the damage occur?

--Select--

8.7.6. **What was damaged?** You can select from a list of components that were damaged in the SSO.

What component was damaged?

--Select--

8.7.7. **Registration.** Select or enter the registration, if known. If this field is auto filled, verify it is accurate.

Registration

8.7.8. **Type.** This field is specific to aircraft and should be auto filled based on previously entered information. Verify it is accurate.

Type

8.8. **Attachments.** Upload any records, documents, or pictures associated with the SSO.

Attachments

Select Files (3MB max file size each)

Or drag files into dashed area.