**NOTE**

Sample forms used to implement this procedure included in this template. It is not mandatory that the exact forms are used. Equivalent forms may be used, but they must have the same or additional information. Any deletion of information must be performed by revision of the CAP Procedure COO-CAP-PRO-300.

This template provides a contingency method for generating, performing operability/functionality and immediate reportability determinations, and tracking Condition Reports when the Condition Reporting System is not available or if the initiator intends to remain anonymous or, does not have a Grant PUD network logon.

Manual operation of the Condition Reporting System is limited to the generation of Condition Reports. However, any actions required to place the affected facility/component in a safe condition, or any other emergency actions, or injury notification, can proceed.

1.0 Condition Report Generation (Form 1):

1.1 Any individual, who discovers a Condition, when the Condition Reporting System is not available, should follow the steps of section 5.2 except for writing the Condition report with the Condition Reporting System.

 1.2 The attached form should be used to document a Condition when the Condition Reporting System is unavailable or when the generator of condition report wishes to maintain anonymity or does not have a Grant PUD logon.

1.3 Send the completed form and any supporting documentation to the designated Human Resources collection point, Senior Manager or CAP Manager, as appropriate.

2.0 Conversion of manual Condition Reports to the Condition Reporting System

2.1 In the event of a Condition Reporting System outage, Human Resources representative picks up manual Condition Report packages from the Human Resources collection point and presents them to the CRT. The CAP Manager communicates any immediate management actions to the affected parties.
In the event of an anonymous Condition Report, the Human Resources Department enters the contents (after redacting any sensitive information of the paper copy condition reports into CRS and alerts the CAP Manager of this activity.

2.2 Once the Condition Reporting System becomes available; a CRT representative enters the manual Condition Reports into the Condition Reporting System. The Condition Reporting System automatically assigns the next sequential CR number to each manual CR. After any sensitive information is removed, the original forms are then scanned into the Condition Reporting System.

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|   | **CONDITION REPORT FORM 1**  | **Manual CR NO.**\_\_\_\_\_\_\_\_\_\_\_\_\_**PAGE \_\_\_\_\_\_\_ OF \_\_\_\_\_\_\_\_\_\_\_**  |
| **CONDITION IDENTIFICATION FORM** (PRINT/TYPE, USE BLACK INK ONLY)  |
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| --- |
| **For CAP Use Only** **Date Rec’d** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Time Rec’d** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**IDENTIFICATION OF PROBLEM** (Please Print) Originator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.: \_\_\_\_\_\_\_\_\_\_  Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Discovery: \_\_\_\_\_\_\_\_\_ Time of Discovery: \_\_\_\_\_\_\_\_\_\_\_ **Condition Summary:** **Condition Description:** *(see form 2 for continuation of description)*  |
|  [Include information pertinent to operability/functionality determination.]  Work Document # (i.e., CR/WO, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Immediate action(s) taken:** |
| Is this a safety related Close Call? \_\_\_yes \_\_\_noIs this a mobile incident? \_\_\_yes \_\_\_no*If yes, please enter vehicle# \_\_\_\_\_\_\_\_\_\_*Source: ABC Meeting\_\_\_\_ Employee\_\_\_\_ Jobsite Review\_\_\_\_ Safety Meeting\_\_\_\_If an injury has occurred, contact the Safety GroupAffected Equipment/Documents/Material:  Number/Description(s)   Suggested corrective actions / Improvements  □ Operability/Functionality in question? □ Potentially reportable?   |

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|  |  | **CONDITION REPORT FORM 2** | **CR NO.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_** **PAGE \_\_\_\_\_\_\_ OF \_\_\_\_\_\_\_\_\_\_**  |
|  | **CONDITION REPORT CONTINUATION FORM** (PRINT/TYPE, USE BLACK INK ONLY)  |
|   |  |
| **CONTINUATION FORM:**  |  |
|  |  |