

Off Nominal Event Report

Title of the Event

- 1. Date/time/location of the event –**
- 2. Name and title of person reporting –**
- 3. What was the planned or expected outcome?**
- 4. Was the work planned and scheduled and if so, when and how?**
- 5. What happened that was unplanned or not expected?**
- 6. When you started, did you feel you were adequately trained and prepared for this task and if not, explain what concerned you?**
- 7. Have you done this task before and if so, about how many times?**
- 8. Were there any contributing factors (was it dark, cold, hot, windy, were you being rushed, were you tired, did you get or have incorrect information)?**
- 9. What, if anything, would you do differently based on this experience?**
- 10. What, if anything, should JSA do differently to keep something like this from recurring?**