

Squadron/Unit Safety Topic Record

Squadron/Unit #: _____ Squadron/Unit Name: _____

Calendar Year: _____

Month	Actual Meeting Date	Safety Topic Discussed	# of Squadron/Unit Members Attending
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Submit completed report on or before the following dates:

- 1st Quarter - April 10
- 2nd Quarter - July 10
- 3rd Quarter - October 10
- 4th Quarter - January 10

Forward report to WISO:

By Email: ribowe7ac@aol.com 715-843-6519
 Fax: Attention: Rick Bowe
 Mail: Captain Rick Bowe, WISO
 5318 Beckman Rd
 Wausau WI 54401

Retain for 24 months following the last month

Squadron/Unit Meeting Attendance Record

Squadron/Unit #: _____

Squadron/Unit Name: _____

Calendar Year: _____

Meeting Date: _____

Safety Topic Discussed: _____

	Member Name <i>(Last, First)</i>	Rank	CAP Member Number
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Retain for 24 months from the date of the meeting, then discard.

Squadron/Unit Pilot Proficiency Program Record

Squadron/Unit #: _____

Squadron/Unit Name: _____

Report Date: _____

Please list all Pilots in the Squadron/Unit with appropriate rating and PPP (Wings) Level, including those who may not participate in the Pilot Proficiency Program.

	Member Name (<i>Last, First</i>)	Rank	CAP Member Number	CAP Pilot Rating (P, MP, TP)	Wings Level (1 through 9)	Date last level was Achieved
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Update this report at least quarterly.

Post this report on the Unit Safety Bulletin Board.

Forward completed report quarterly to the WISO
Submit completed report on or before the following dates:

- 1st Quarter - April 10
- 2nd Quarter - July 10
- 3rd Quarter - October 10
- 4th Quarter - January 10

Forward report to WISO:

By Email: rjbowe7ac@aol.com

Fax: Attention: Rick Bowe

Mail: Captain Rick Bowe, WISO

5318 Beckman Rd
 Wausau WI

715-843-6519

54401