

**JOHN WAYNE AIRPORT
ORANGE COUNTY (SNA)

CORRECTIVE ACTION REPORT**

Air Carrier: _____	Date Submitted: _____
Affiliate: _____	For Period (Date): From: _____ To: _____
Signature: _____	Page __ of __

STATEMENT OF VIOLATION OR POTENTIAL VIOLATION:

INFORMATION REQUESTED:

PROPOSED CORRECTIVE ACTIONS (use additional sheets if necessary):

JWA USE ONLY: Date Completed: _____ Date Received: _____ Staff: _____

ACCESS PLAN REFERENCE: §3.8.4 - Corrective Action Report
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