

AMF Box 145550, Salt Lake City, UT 84114 Ph: 801-575-2423 Fax: 801-575-2377

## SALT LAKE CITY INTERNATIONAL AIRPORT SECURITY VIOLATION FEEDBACK

Badge #		Person ID #
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In an effort to determine the cause and any contributing factors related to a security violation, this questionnaire must be completed prior to reinstatement of a badge following a violation. Complete the form in its entirety.

SECTION 1 – VIOLATION INFORMATION							
DATE OF VIOLATION:	TIME:	TYPE OF VIOLATION:					
LOCATION OF VIOLATION:							
NAME:							
COMPANY NAME:							
COMPANY TYPE: AIRLINE CONTRACTOR DEPT. OF AIRPORTS GENERAL AVIATION TENANT VENDOR							
SECTION 2 – FACTORS CONTRIBUTING TO VIOLATION							
HOW LONG HAVE YOU WOR AIRPORT?		HOW MANY HOURS INTO YOUR SHIFT HAD YOU BEEN WORKING WHEN THE VIOLATION OCCURRED?					
DID THE VIOLATION OCCUR (	OUTDOORS? TYES	□NO WHAT WERE THE WEATHER CONDITIONS?					
HAVE YOU RECEIVED TRAINING ON THIS SECURITY PROCEDURE/REQUIREMENT? YES NO EXPLAIN:							
DID YOU UNDERSTAND THAT YOUR ACTIONS WOULD RESULT IN A SECURITY VIOLATION? YES NO EXPLAIN:							
DESCRIBE WHAT YOU BELIEVE CONTRIBUTED TO THE VIOLATION:							
WHAT COULD HAVE PREVENTED THIS VIOLATION?							
APPLICANT SIGNATURE:					DATE:		
SECTION 3 – AUTHORIZING AGENT CERTIFICATION							
My signature indicates that I have reviewed the violation with the employee and authorize reinstatement of the badge upon completion of the training and payment of the badge reinstatement fee.							
AUTHORIZING AGENT NAME	(print):						
AUTHORIZING AGENT SIGNA	TURE:						
PHONE NUMBER:	Di	DATE: Signatures Checked By:					
		ACCESS CONTROL	OFFICE USE ONLY				
□ RETRAINING □ REINSTATEMENT FEE PAID □ BADGE REINSTATED VIOLATION: 1st □ 2nd □ 3rd □							