

This form is used to formally notify a contractor of a non-conformance with the requirements under the contract or agreement and health and safety requirements. This may include quality and compliance.

CONTRACTOR INFORMATION:

Date:		Non-conformance no:	
Contractor details:			
Worker(s) details:			
Work activities:			
Location and area:			
Reported by:			
Non-conformance provided to:			

TYPE OF NON-CONFORMANCE:

Type of Non-conformance		
Quality of works		Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal compliance breach		Yes <input type="checkbox"/> No <input type="checkbox"/>
Unsafe act		Yes <input type="checkbox"/> No <input type="checkbox"/>
Incident or near miss	INTENTIONALLY FADED	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please specify):		

NON-CONFORMANCE DESCRIPTION:

Details of the Non-conformance	
	INTENTIONALLY FADED

IMMEDIATE ACTIONS TAKEN:

Details of Immediate Actions		
Stop work directed		Yes <input type="checkbox"/> No <input type="checkbox"/>
Temporary contract suspension		Yes <input type="checkbox"/> No <input type="checkbox"/>
Termination of contract	INTENTIONALLY FADED	Yes <input type="checkbox"/>
Other (please specify):		

CORRECTIVE ACTIONS:

Actions:	Responsibility:	Timeline:	Completion:

ACKNOWLEDGEMENT AND RESOLUTION:

Responsible person name:	
Responsible person signature:	
Date of resolution:	