

16.16 CONTRACTOR NON-CONFORMANCE FORM

Report completed by:	Signature/ Date:									
Copy of this form provided to: (e.g. Dioceses representative, Bishop etc)										
Basis of observations: (e.g.: audit, site inspection etc)										
Description of Non-Conformance: (i.e. person, action, product or service which does not conform or meet specified requirements)										
Immediate action taken to rectify this Non Conformance:										
Completed by: _____										
Is further action required? (Circle) Yes No										
Details:										
If further action is required, proposed timeframe and responsibilities:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Action</th> <th style="width: 33%;">Timeframe</th> <th style="width: 33%;">Responsibility</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Action	Timeframe	Responsibility							
Action	Timeframe	Responsibility								
Contractor Acknowledgement of above Non-Conformance and Actions										
Name: _____ Date: _____ Signed: _____										
Action taken/ item closed:										
Name: _____ Date: _____ Signed: _____										