Corrective Actions Report

Project/Client:		Date:		M ☐ T ☐ W ☐ Th ☐ F ☐ S ☐ Su ☐	Page		of
Location:		Project I.D.:		Copy to:			
Description:		Inspector:		☐ Office			
Requirements:		Inspection Company:		☐ Client			
				☐ Project Manager			
Contractor:				☐ ______			
		Specification Number:		Revision Number:			

Item:	Name/Company/Title

Description of Nonconforming Item:	Description of Nonconformance:

Referenced (Specification/Procedure/Standard):	Action Level:

Discussion and Recommendations:

Approval and Corrective Actions:

Corrective Actions Follow Up:

Final Approval:

Signature/Title:		Date:
Inspector's Signature:		Date: