

NONCOMPLIANCE CORRECTIVE ACTION PLAN

Use this form to document observations and corrective actions where noncompliance with the HUEHS Construction Standard is observed.

Date:	Project Name:
Contractor Name:	Initiator's Name:

DESCRIPTION OF OBSERVATION (Include location, names, specific infraction, etc.):

HAZARD SEVERITY (check one):		
High Hazard	Life-Threatening Hazard	Other (explain)
Observations where the outcome would likely result in serious injury requiring medical attention.	Observations where the outcome would likely result death or debilitating injury.	

IDENTIFY THE ROOT CAUSE OF THE INFRACTION:

Process: 1. Identify all factors that contributed to the observation. 2. Identify the one (possibly two) factor that, if removed or corrected, would minimize the recurrence of this observation on any of this company's projects. This factor would likely be an 'upstream' condition (management system failure, missing procedure, lack of enforcement, etc.

IDENTIFY THE CORRECTIVE AND/OR PREVENTIVE ACTIONS:

Was a new procedure initiated by this observation, or a current procedure revised?
□ No □ Yes (Explain)

ACKNOWLEDGEMENTS

CM/GC Project Manager Name

Signature

Subcontractor Executive or Owner Name

Signature