

NON-CONFORMANCE REPORT FORM

The attached Non-Conformance Report shall be completed by the Responsible or Nominated City Officer where areas of non-conformance are identified or high level risks are noted as a result of inspections of the Contractor's operations undertaken by the Responsible or Nominated Officer.

The report should be issued following consultation with the Contractor's Representative and an agreed timeframe should be documented on this report for the rectification of issues.

The report shall be signed by the Responsible or Nominated City Officer and the Contractor's Representative and actioned within the agreed timeframe. Where the Contractor does not rectify the issue within the agreed timeframe a second Non-Conformance Report may be issued and/or the Responsible or Nominated City Officer may consider suspension or termination of the contract if the issue is significant.

The following information should be recorded on the Non-Conformance Report.

1. DETAILS OF NON-CONFORMANCE

Specific details of non-conformance which may include:

- Any plant or equipment involved
- Any chemicals or hazardous substances involved
- Work procedures not followed
- · Any other physical aspects
- The nature of the risk
- The levels of severity of the risk

2. ACTIONS REQUIRED

Actions to rectify the non-conformance should be developed by the Responsible or Nominated City Officer in consultation with the contractor. This may take the form of specific control measures and should take into account the Hierarchy of Controls.

3. COMPLETION DATE

The Completion Date is the agreed timeframe by which the Contractor should have implemented the actions documented in the Non-Conformance Report.

4. VERIFICATION OF COMPLETION

The Responsible or Nominated City Officer shall verify that the agreed actions have taken place on or soon after the agreed Completion Date. Where the actions are completed the Responsible or Nominated City Officer and Contractor Representative shall sign the Non-Conformance Report and file with Contract documentation (HU-OHS-014 + customer file).



NON-CONFORMANCE REPORT					
Contractor: Contract Name:		Responsible/Nominated Officer: Telephone:	Fax:		
Contract No:		Signature:	Fax. Date:		
Contractor's Representative:		_ Signature.	Dutc		
Telephone:	Fax:	_			
Signature:	Date:				
	DETAILS OF NON-CONFORMANCE		COMPLETION DATE	VERIFICATION OF COMPLETION	

Effective: 25 January 2012	Authorised by:	Contact:	Date Last Reviewed
Version 2	Asset Services	OSH Coordinator	3 July 2017