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| **UoN_Primary_Logo_CMYK** | | | | **Corrective Action Notice**  To be completed when a significant non-conformity of contractor’s conduct is identified | | | | | | | | | CAN | | | | | |
|  | | | |  | | | | | | | | |  | | | | | |
| **Issued to** | | | | | | | | | | | | | | | | | | |
| Contracting Company | |  | | | | | | | | | | | | | | | | |
| Location(s) | |  | | | | | | | | | | | | | | | | |
| University Contact | |  | | | | | Contact No. | | |  | | | | | | | | |
| Contractor Contact | |  | | | | | Contact No. | | |  | | | | | | | | |
|  | |  | | | |  | | |  | | | | | | | | | |
| **Details of Safety/Health Non-Conformity** | | | | | | | | | | | | | | | | | | |
| Unsafe Operation(s) / Condition(s) | | | | | | | | | | | | | | | | | | |
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| Corrective Action(s) Required | | | | | | | | | | | | | | | |  | | |
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| **Immediate action required (tick where appropriate)** | | | | | | | | | | | | | | | | | | |
| Work suspended immediately | | | | | | | |  | | | Date |  | | Time |  |  | | |
| Information required by, if not received by this time work must be suspended | | | | | | | |  | | | Date |  | | Time |  |  | | |
|  | | | | | | | | | | | | | | | | | | |
| **Corrective Action Notice Issued By (Issuer)** | | | | | | | | | | | | | | | | | | |
| Name |  | | Signature | |  | | | | | | Date |  | | Time |  | |  | |
| **Acknowledge Receipt of this Notice – Contractor** | | | | | | | | | | | | | | | | | | |
| Name |  | | Signature | |  | | | | | | Date |  | | Time |  | |  | |
| This Corrective Action Notice **MUST** be copied to the Health and Safety Department at this point | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Notice to Resume Work** | | | | | | | | | | | | | | | | | | |
| Corrective Action Completed – Comments | | | | | | | | | | | | | | | | | | |
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| **Contractor Signature** | | | | | | | | | | | | | | | | | | |
| Name |  | | Signature | |  | | | | | | Date |  | | Time |  | | |  |
| **University Issuer** | | | | | | | | | | | | | | | | | | |
| You are now authorised to resume work(s) which were suspended by this Corrective Action Notice (CAN)  I confirm that the required corrective action is suitable and sufficient. | | | | | | | | | | | | | | | | | | |
| Name |  | | Signature | |  | | | | | | Date |  | | Time |  | | |  |
| Notify the Health and Safety Department of the Notice to Resume Work. This notice should be copied to the Procurement Department to be used within a contact review. | | | | | | | | | | | | | | | | | | |