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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. |