

ASSESSMENT OF CORRECTIVE ACTION PLAN

Project Data

Project Owner : _____
Project Implementing Office : _____
Project Type : _____
Project Name : _____
Project Location : _____
Constructors Name : _____
Date of Evaluation : _____

Assessment by the Head of the Implementing Office:

Sub-Item Code: Location/Detail

Approved Not Approved

Reasons _____

_____ / ____ / ____ /
Position Printed Name Signature Date

Verification: (Verified by Owner's Project Engineers)

Implemented Corrected Action

Unsatisfactory

Signature / ____ / ____ /
Date

Ongoing

Signature / ____ / ____ /
Date

Satisfactorily Completed

Signature / ____ / ____ /
Date