

## FCANZ ACCREDITED FENCING CONTRACTOR CORRECTIVE ACTION REQUEST FORM

Contractor	
Auditor:	
Location:	
Date:	

The following issues have been identified during the audit as requiring follow-up and action:  
 A = Action    R = Recommendation

Section 2: Health & Safety				
A/R	Actions/ Recommendations	By Whom	By When	Closed out by, on:

Section 3: Machinery/tools maintenance				
A/R	Actions/ Recommendations	By Whom	By When	Closed out by, on:

Section 5: Workmanship standards				
A/R	Actions/ Recommendations	By Whom	By When	Closed out by, on:

Job 2. Previous job – minimum 2 years old				
A/R	Actions/ Recommendations	By Whom	By When	Closed out by, on: