

## **Non-conformance Report**

This form is to be completed by the Contract Administrator and issued to a contractor representative when compliance to the CHSM Program is breached. The Contractor Representative shall clearly detail the disposition and time frame for corrective action. Acceptance or rejection shall be granted by the Contract Administrator. Follow up and sign-off of the non-conformance report shall be completed by the Contract Administrator.

General		
Contractor Name:		
Address:		
Telephone:	Fax:	Cell:
Contact Person:		
Title:		
Email:		
SaskPower Contract Administra	ator:	
Title:		
Telephone:	Fax:	Cell:
Email:		
Contract Work Scope:		
Location:		
Non-conformance Informatio	n	
Opportunity for Improvement	Minor:	Major:
Details of Non-conformance:		
Issued to (Contractor):		
Date:		



Corrective Action:  Corrective Action to be in place on or by:  Submitted to (SaskPower):
Submitted to (SaskPower):
Cabrillaca to (Cabril Owor).
Contractor Signature:
Title:
Date:
Follow-up (SaskPower completes)
rollow-up (Saskrower completes)
Corrective action Accepted Rejected
Corrective action completed on time
If No, what SaskPower actions for initiating Contractor response:
New OFI Issue New Minor Issue New Major Issue
Other
Comment(s):
Follow up completed by :
Signature:
Title: Date:
Follow up authorized by :
Signature:
Title: Date:

Original: Copy: Corporate Safety Contract Administrator Contractor Representative

Contractor's File