



(Contractor completes this section)
Corrective Action:
Corrective Action to be in place on or by:
Submitted to (SaskPower):
Contractor Signature:
Title:
Date:

Follow-up (SaskPower completes)		
Corrective action	Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>
Corrective action completed on time	Y <input type="checkbox"/>	N <input type="checkbox"/>
If No, what SaskPower actions for initiating Contractor response:		
New OFI Issue <input type="checkbox"/>	New Minor Issue <input type="checkbox"/>	New Major Issue <input type="checkbox"/>
Other <input type="checkbox"/>		
Comment(s):		
Follow up completed by :		
Signature:		
Title:	Date:	
Follow up authorized by :		
Signature:		
Title:	Date:	

Report Distribution:

- Original: Corporate Safety
- Copy: Contract Administrator
- Contractor Representative
- Contractor's File