



NON CONFORMANCE / IMPROVEMENT ACTION / FEEDBACK

CSCS FEEDBACK REGISTER NO: FBK.CSCS. No.

| | | | |
|--|--------------------------|---|--------------------------|
| DATE: <i>(date of notification)</i> | | TIME: <i>(time of notification)</i> | |
| PERSON GIVING FEEDBACK <i>(details of the person giving feedback to CSCS)</i> | | | |
| FIRST NAME: | | SURNAME: | |
| POSITION: | | CONTACT NO.: | |
| PERSON COMPLETING THIS FORM <i>(name and title of person completing this form)</i> | | | |
| FIRST NAME: | | SURNAME: | |
| POSITION: | | CONTACT NO.: | |
| ORIGIN DETAILS: | | | |
| ORIGIN TYPE: | | CLIENT'S REQUEST NO.: <i>(Beims, Star Res, etc.)</i> | |
| CLIENT: | | | |
| CATEGORY please tick: | | | |
| Non conformance: | <input type="checkbox"/> | Improvement: | <input type="checkbox"/> |
| Suggestion: | <input type="checkbox"/> | Complaint: | <input type="checkbox"/> |
| Feedback: | | Other: | |
| <input type="checkbox"/> | | <input type="checkbox"/> | |
| DETAILS: <i>(include location e.g. Wagga - residential -building No.303 - room 1)</i> | | | |
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| CSCS MANAGER NOTIFIED? | YES | NO |
| HOW WERE THEY NOTIFIED? | | |
| MANAGER NAME: | | |
| DATE NOTIFIED: | | |

ROOT CAUSE *(if non-conformance or complaint what, was identified as the root causes N/A if not):*

| | | |
|------------------------------------|----------------------------------|--|
| CSCS RELATED: YES NO | INTERNAL OR EXTERNAL OF BUILDING | |
| RELATED TO WHAT TYPE OF WORK: | | |

IMMEDIATE CORRECTIVE ACTIONS: *(what needs to be done or was done)*



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PREVENTATIVE ACTION AND OR PROCESS IMPROVEMENT RECOMMENDATIONS:

(what will stop it from re-occurring? N/A if not applicable)

CORRECTIVE ACTIONS :

| PERSON/S RESPONSIBLE : | CORRECTIVE ACTIONS: | DATE: COMMENCED | DATE: COMPLETED | PLANNED FOLLOW UP DATE: |
|------------------------|---------------------|-----------------|-----------------|-------------------------|
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|---|------------|-----------|--------------|
| ORIGINATOR GIVEN FEEDBACK ON CORRECTIVE ACTIONS: | YES | NO | DATE: |
|---|------------|-----------|--------------|

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|---|--|
| SIGN OFF "CLOSED" (person completing form) | |
| DATE: | |
| SIGN OFF "CLOSED" (manager) | |
| DATE: | |

Please save electronic copy in relevant CSCS folder.