



MISC NON-CONFORMANCE AND/ OR DEFICIENCY REPORT

Today's Date: _____

Project Name: _____ CCSI Project No.: _____

DESCRIPTION OF NON-CONFORMANCE

Responsible Trade: _____ Location: _____

Is Cost impacted by Non-Conformance: Yes No N/A

Is Schedule impacted by Non-Conformance: Yes No N/A

Detailed description of Non-Conformance:

Detailed explanation of what is believed to be the Non-Conformance:

ACTION TAKEN

Date	Action
	Segregation of the item by the Foreman
	Non-Conformance reported by Foreman to Project Superintendent
	Reported by Project Superintendent to: _____
	Response by Engineer: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Action Taken: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
	Other: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

REPETITIVE NON-CONFORMANCE

Complete this section if repetitive non-conformance is determined by Project Superintendent.

Date: _____ Reported by: _____ To: _____

Action Taken:

REPORT REVIEWER INFORMATION

Reviewer Signature: _____ Telephone: _____
 Name: _____ Email: _____
 Position: _____