

# IGAS CORRECTIVE ACTION REPORT

Name: ..... IGAS Reg No:

Address: ..... Assesment Check-List Ref No:

Reference No. of Question Failed:		Work to be Completed by:
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Members must inform IGAS once these corrective actions have been completed. Where possible, this should be done by submitting documentary evidence (eg copies of invoices) no later than the completion date indicated above. If adequate documentary evidence is not available IGAS may arrange for a second assessment, the cost of these procedures will be borne by the member, but will be kept as low as reasonably possible. **FAILURE TO TAKE CORRECTIVE ACTIONS WITHIN THE TIME ALLOWED WILL RESULT IN SUSPENSION OF IGAS APPROVAL.**

Signed by - Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by - Member: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Certifying Officer: \_\_\_\_\_ Date: \_\_\_\_\_

