



Lusail Real Estate Development Company


Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Forms/Checklists – Corrective Action Request

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COMPANY PROPRIETARY INFORMATION

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	AUDIT AREA:	AUDIT DATE:	CLAUSE NO:
AUDITEE:	AUDITOR:		
DETAILS OF NON CONFORMANCE (FAILURE WITH OBJECTIVE EVIDENCE):			
ROOT CAUSE ANALYSIS:			
CORRECTIVE ACTION PLAN (CAP) WITH TARGET DATE:			
STATUS OF CAP:			
NC CLOSED YES / NO			
SIGNED BY AUDITEE:		SIGNED BY MR	
DATE:			