

Labor Standards Corrective Action Plan

Complete this plan when violations are identified to document corrective measures.

Project Name:	
Contractor:	
Violation Date(s):	
Plan Date:	

Violation Summary

Description of violation(s):

Root Cause Analysis

Why did this violation occur?

Corrective Actions

Action Item	Responsible Party	Due Date	Status
			<input type="checkbox"/> Pending <input type="checkbox"/> Complete
			<input type="checkbox"/> Pending <input type="checkbox"/> Complete
			<input type="checkbox"/> Pending <input type="checkbox"/> Complete
			<input type="checkbox"/> Pending <input type="checkbox"/> Complete
			<input type="checkbox"/> Pending <input type="checkbox"/> Complete

Wage Restitution (if applicable)

Total restitution amount: \$ _____

Workers affected: _____

Restitution payment deadline: _____

Proof of payment required: Yes No



Preventive Measures

What will be done to prevent recurrence?

Approval

Contractor Representative: _____ Date: _____

Title: _____

Agency Representative: _____ Date: _____

Title: _____

