



CORRECTIVE ACTION REQUEST (CAR) FORM

Facility Owner Name:

Facility Owner Contact (email):

Facility Owner Contact (phone):

Assessor Name:

Assessment Date:

Assessor Contact (email):

Assessor Contact (phone):

Below is a list of any non-compliant areas that were noted during the facility assessment, the corresponding requirements, and the outlined action plan.

Non-Compliant Item	Corresponding Requirement	Major or Minor	Action Plan <i>(list if minor, put TBD if major)</i>

DATE:

PAGE ____ **of** ____



DATE:

PAGE ____ of ____

I, _____ (*Facility Owner Name*) declare that the non-compliance item(s) and timeline(s) for resolution listed above has been explained to my satisfaction by the assessor of my facility.

I am aware that I must show proof of an action plan to resolve any major non-compliance(s) by uploading this plan to EC's ECampus within seven (7) business days of my on-site assessment to be considered for certification.

I understand that should I fail to submit an action plan for any major non-compliance(s) that my facility will not be certified and I will not be refunded the cost of the assessment.

I understand that if I received at least one major non-compliance that my next on-site assessment will be in two (2) years instead of four (4) years. I was informed that I could provide extra documentation through EC's ECampus in order to return to the four-year assessment cycle.

I understand that if I do not resolve any minor non-compliance(s) before my next on-site assessment, these minor non-compliance(s) will be upgraded to major non-compliance(s) and I will have seven (7) business days to submit an action plan to EC's ECampus, or my certification will be revoked.

ASSESSOR SIGNATURE:

FACILITY OWNER SIGNATURE: