

**NON CONFORMANCE REPORT**

DATE	
CONTRACTOR	
SUBDIVISION FILE NUMBER OR TPA	
NAME OF CONTRACT	
LOCATION	
CONTRACTOR NAME AND CONTACT DETAILS	
SIGNATURE OF CONTRACTOR	
COUNCIL REPRESENTATIVE	
SIGNATURE OF COUNCIL REPRESENTATIVE	

DETAILS OF NON CONFORMANCE	RELATIVE AUTHORITY CONTACTED	ACTION REQUIRED	ACTION TARGET DATE	DATE COMP	VERIFICATION OF COMPLETION

**ADDITIONAL COMMENTS**

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