



SCHEDULE 09

CORRECTIVE ACTION PLAN

 Ministry of Defence	Commercially Supported Shipping - Boats Deficiency and Corrective Action Plan Form	
<u>Contractor Details</u>		
Contractor Name:		
Contract Number:		BOATS/0005
Task Authorisation Form No (including job no - if applicable):		Unique Deficiency Reference No:

<u>Deficiency Status</u>	
KPI No:	
Red KPI or Amber KPI (delete as appropriate)	
<u>Deficiency Details</u>	
Launch Name / No:	
Date of Deficiency:	
Deficiency Issue:	

<u>Corrective Action Details</u>		
Proposed Corrective Action Plan:		
Timescales to resolve the shortfall in performance:		
Contractor Acknowledgement:	Signed:	Dated:
	Position:	

<u>Authority Details</u>		
Date Corrective Action Plan submitted:		
Corrective Action Plan agreed:	Yes / No	
Comments:		
Shortfall in performance met / completed:		
Applicable KPI Spreadsheet(s) reported against:		
Authority Acknowledgement:	Signed:	Dated:
	Position:	