

**DEPARTMENT OF HEALTH AND SOCIAL CARE**

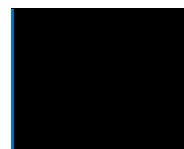
**AND**

**MITIE FACILITIES MANAGEMENT LTD**

**DHSC COVID 19 SITE SERVICES- FM CONTRACT**

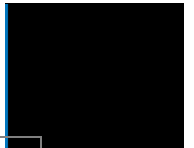
**RM3830/L1C FACILITIES MANAGEMENT**

**CONTRACT REFERENCE: CCZI20A17**



**JOINT SCHEDULE 10**  
**RECTIFICATION PLAN**

Request for <b>[Revised]</b> Rectification Plan			
Details of the Default:	<b>[Guidance: Explain the Default, with clear schedule and clause references as appropriate]</b>		
Deadline for receiving the <b>[Revised]</b> Rectification Plan:	<b>[DATE, (maximum 10 days from request) ]</b>		
Signed by <b>[CCS/Buyer]</b> :		Date:	
Supplier <b>[Revised]</b> Rectification Plan			
Cause of the Default			
Anticipated impact assessment:			
Actual effect of Default:	<b>[ ]</b>		
Steps to be taken to rectification:	<b>Steps</b>	<b>Timescale</b>	
	1.	<b>[date]</b>	
	2.	<b>[date]</b>	
	3.	<b>[date]</b>	
	4.	<b>[date]</b>	
	<b>[...]</b>	<b>[date]</b>	
Timescale for complete Rectification of Default	<b>[X]</b> Working Days		
Steps taken to prevent recurrence of Default	<b>Steps</b>	<b>Timescale</b>	
	1.	<b>[date]</b>	
	2.	<b>[date]</b>	
	3.	<b>[date]</b>	
	4.	<b>[date]</b>	
	<b>[...]</b>	<b>[date]</b>	
Signed by the Supplier:		Date:	
Review of Rectification Plan <b>[CCS/Buyer]</b>			
Outcome of review	<b>[Plan Accepted]</b> <b>[Plan Rejected][Revised Plan Requested]</b>		
Reasons for Rejection (if applicable)	<b>[Authority must state why the plan is being rejected]</b> <b>[e.g. timescales are too lengthy]</b>		



Signed by the [CCS/Buyer]		Date:	
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