Corrective Action Tracking Form

***PURPOSE***

*Tracking corrective actions to be taken after a drinking water advisory helps to ensure that follow-up items are completed. This form can be used for advisory debriefings, exercises, and other collaborations.*

***DIRECTIONS***

*Complete this form immediately after a session. Distribute to the responsible individual or organization.*

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| **Corrective Action Tracking Form** |  |
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| **TRACKING NO:** | **DATE ENTERED:** |
| **Responsible Staff:** | |
| **Organization:** | |
| **Phone:** | **E-mail:** |
| **Drinking Water Advisory Date:** | |
| **Short Description of Findings:** | |
| **Determination:** | |
| **Detailed Description of Action Needed:** | |
| **Estimated Completion Date:** | |
| *For Internal Use Only* | |
| **Entered By/Date:** | **Date Action Completed:** |