



# CORRECTIVE ACTION FORM

Freemasons' Homes of Southern Tasmania  
7 Ballawinne Road Phone: 6243 8600  
Lindisfarne Tas 7015 Fax: 6243 6667

*Resident/Relative Request*

**REQUEST FOR ACTION (COMPLETE THIS SECTION ONLY)**

Date:..... Time:..... Wing/Area:..... Room No. or Location:.....

Give precise details:.....  
.....  
.....

Supervisors comments:.....  
..... Requested by (print name).....  
..... Signature:.....

**ACTION TAKEN (BY FREEMASONS HOMES STAFF MEMBER AUTHORISED TO RESOLVE OR REFER THIS ISSUE)**

Date:..... Time: .....

.....  
.....

Costing where appropriate:..... Department:.....  
..... Print name:.....  
..... Signature:.....

**AS A FREEMASONS HOMES CONTRACTOR/SPECIALIST PROVIDER OR THEIR AGENT. THIS SECTION IS TO BE COMPLETED IN ITS ENTIRETY (What was performed to resolve/rectify the issue?).**

Date: ..... Time: .....

Give relevant details: .....

..... Name of Service.....  
Where delays in resolving the issue are expected, i.e. parts, supply etc. an E.T.A. or completion time to be nominated:.....  
Job Start Time: ..... Job Completion Time: ..... Signature:.....

**OUTCOME EVALUATION (BY FREEMASONS' HOMES QUALITY IMPROVEMENT CO-ORDINATOR )**

Date: ..... Time: .....

..... Signature:.....