

[organization name]

Appendix 2 – Compliance Evaluation Record

Date of evaluation: [date]

Name of legislation or another document	Version	Effective date	Responsible person

Commented [45A1]: Write in here a short description of non-compliance.

Commented [45A2]: Write in here the Corrective Action ID.

[job title]

[name]

[signature]

Commented [45A3]: Only necessary if document is in paper form.