

[organization name]

Appendix 2 – Compliance Evaluation Record

Date of evaluation: [date]

Name of legislation or other document	Compliant (Yes/No)	Noncompliance description	Initiated corrective action ID

Comment [14A1]: Write in here a brief description of noncompliance.

Comment [14A2]: Write in here the corrective action.

[job title]

[name]

[signature]

[signature]

Comment [14A3]: Only necessary if document is in paper form.