

[Appendix-3]

Corrective Action Result

Date :

Document number :

to : (name of inspector)

Name of Establishment		License number	
Classification of non-conformity	<input type="checkbox"/> Self Sanitation Management Standard	<input type="checkbox"/> HACCP	<input type="checkbox"/> Etc.
<input type="checkbox"/> List of non-conformities :			
<input type="checkbox"/> Details of corrective action(Attach evidentiary materials such as photos):			

Submitted by : Person-in-charge of (name of establishment)

(signature)