University of Washington
Capital Projects Construction Office

Non-Conformance Report (NCR)

Project Name: _____ **NCR No.** _____
Project No. _____ Date: _____
Contractor: _____

Subject _____ Spec. Section _____
_____ Dwg. Ref. _____

Item of Non-Conformance/Corrective Action Required

_____
_____
_____
_____
_____
_____
_____
_____

Reported By _____ Date _____

Contractor Response, Intended Method and Date of Repair

_____
_____
_____
_____
_____
_____
_____
_____

Contractor Signature _____ Date _____

Proposed corrective action: **[ ] Approved** **by**_____ **Date** _____
[ ] Not Approved

Verification of corrective action completed by_____ **Date** _____

This notice is not authorization for an increase in contract amount or an extension of the contract completion date. Notification must be given in accordance with the contract documents, if any response causes a change to the contract documents.