

DIVISION OF HOTELS & RESTAURANTS
Bureau of Elevator Safety (BES)
PLAN OF CORRECTIVE ACTION (PCA)

SUGGESTED FORMAT

BES FILE NO: (Provided) _____ SERIAL NO: _____

BUILDING NAME: _____

LOCATION: _____

Please fill out following information detailing your proposed plan to accomplish correction of the violation(s) noted on the Elevator Inspection Report dated: _____.

VIOLATION NO: _____

ACTION PLAN MUST INCLUDE THE FOLLOWING:

1. Corrections to be completed. _____
2. Relevant dates and a schedule for completion within the prescribed time-line. _____
3. Who will perform the contracted work. _____
4. Copy of the executed contract. _____
5. Verification of other corrected violations. _____

DATE WORK TO BE COMPLETED: _____

PLAN SUBMITTED BY: _____
Print Name

DATE SUBMITTED: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY

FOR BES USE ONLY:

_____ PLAN APPROVED BY: _____

_____ PLAN DISAPPROVED DATE: _____

REASON FOR DISAPPROVAL: _____

