**Corrective Action Tracking Form**

**PURPOSE**

Tracking corrective actions to be taken after a drinking water advisory helps to ensure that follow-up items are completed. This form can be used for advisory debriefings, exercises, and other collaborations.

**DIRECTIONS**

Complete this form immediately after a session. Distribute to the responsible individual or organization.

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| TRACKING NO. | | DATE ENTERED: |
| Responsible Staff: | | |
| Organization: | | |
| Phone: | E-mail: | |
| Drinking Water Advisory Date: | | |
| Short Description of Findings: | | |
| Determination: | | |
| Detailed Description of Action Needed: | | |
| Estimated Completion Date: | | |
| *For Internal Use Only* | | |
| Entered By/Date: | | Date Action Completed: |