

**Facility Modification Request – AR 6601
Corrective Action Notice**

Date: _____

To: Responsible Originating Administrator (ROA)

From: District Office Facilities (DO Facilities)
Facility Planning, District Construction and Support Services

Re: Facility Modification Request No. _____

In the course of investigating the above-referenced FMR, District Office Facilities has identified the following items (code violations; fire, life and safety deficiencies; etc.) that require corrective action.

Failure to address the item(s) in a timely manner may cause the FMR to be suspended and/or delayed until such correction action is completed, depending on the nature and scope of work that is required.

1. _____
2. _____
3. _____
4. _____

Project Manager (Name): _____

Project Manager Initials: ____ Date: _____

DO Facilities Reviewers:

Director (Name): _____ Director Initials: ____ Date: _____

Assistant Vice Chancellor (Name): _____

Signature: _____ Date: _____