

**VSA Highway Maintenance Ltd.
MoT/Stakeholder/Record of Contact**

INITIAL RECIPIENT NAME (Print)

FOREMAN AREA: _____

MO'T AREA: _____

DATE: _____

TIME: _____

METHOD OF CONTACT: _____

Hwy/Roadway/Structure (Enter Description of Location)

CONTACT INFO:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SUMMARY OF ISSUE:

TO BE FORWARDED TO AND COMPLETED BY SUPERVISOR

SUMMARY OF RESPONSE/DISCUSSION:

SUPPLEMENTAL INFORMATION / FOLLOW UP REQUIRED:

Scheduled Completion Date: _____

Completion Date: _____

SIGNATURE:

SIGNATURE:

Supervisor

Quality Control Coordinator

MINISTRY REPORT ON ACTIONS TAKEN

Ministry Representative _____ **Date** _____

Note: Attach additional sheet(s) if required.