

PLAN OF CORRECTIVE ACTION (PCA)

Date: _____

City of Miami Beach File Number: _____ Serial Number: _____

Building Name: _____

Address: _____

Please complete the following information outlining your proposed plan to accomplish correction of the violation(s) noted on the Elevator Inspection Report dated: _____ BV Number: _____

Number of days the elevator will be out of service (if 1 elevator only): _____

Check one below	Action plan to include the following	Provide a brief explanation to the right of the item below
	Correction to be completed	
	Relevant date and a schedule for completion	
	Who will perform the contracted work /permit no	
	Copy of the proposal or executed contract	

Date work to be completed: _____

Plans Submitted By: _____ (Print Name)

Date Submitted: _____

Contact Number: _____

ATTACH ADDITIONAL SHEETS AS NECESSARY

FOR OFFICE USE ONLY

Date: _____

_____ Plan Approved By: _____

_____ Plan Disapproved Reason Plan Disapproved _____

Name of Sender: _____

Title of Sender: _____