**STOP WORK ORDER FOR HEALTHCARE**

**Contact Information:**

|  |  |
| --- | --- |
| **Issued By:** | [Name] and [Title of Issue] |
| **Contact Number:**  | [Issuer's Phone Number] |
| **Email:**  | [Issuer's Email Address] |

**Project Details:**

|  |  |
| --- | --- |
| **Project Name:** | [Name of Project] |
| **Location:** | [Healthcare Facility Name] and [Address] |
| **Contractor:**  | [Contractor's Name] |
| **Contractor Contact:**  | [Contractor's Contact Information] |

**Reason for the Stop Work Order:**

[Provide a clear and concise explanation for the stoppage of work, emphasizing patient safety concerns, equipment or device malfunctions, or any other relevant information specific to healthcare facilities.]

**Description of the Work to be Stopped:**

[Describe the specific tasks, activities, or areas of the project that are to be halted. Include any relevant details that will help the contractor understand the scope of the stoppage.]

**Corrective Actions:**

[Specify any immediate corrective actions that need to be taken to address the issues leading to the stoppage. These actions may include safety inspections, equipment repairs, or any other necessary measures.]

**Required Resumption of Work:**

[Clearly outline the conditions or criteria that must be met before work can be resumed. This may include obtaining approvals, completing repairs, or implementing new safety measures. Be specific and provide a timeline if applicable.]

**Criteria for Resumption of Work:**

1. [List the first criterion for resumption]
2. [List the second criterion for resumption]
3. [List additional criteria if necessary]

**Signatures of Relevant Parties:**

By signing below, the involved parties acknowledge and agree to comply with the terms and conditions of this Stop Work Order.

**Issuer:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Issuer Signature** |  | **Date** |
| [Name] |
| **Issuer's Name** |

**Contractor:**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [Date] |
| **Contractor's Signature** |  | **Date** |
| [Name] |
| **Contractor's Name** |