

CONTINUOUS IMPROVEMENT ACTION PLAN

STRAVIK Construction Group · Controlled Document

Document No.	Revision	Effective Date	Document Owner	Status
STV-CIP-PLN-007	00 (Initial Issue)	2026-10-24	President	Issued for review / pending approval

Management system alignment: This document is aligned with ISO 9001:2015, ISO 14001:2015 and ISO 45001:2018 requirements as applicable. STRAVIK Construction Group does not claim third-party certification to these standards. Florida Certified General Contractor License No. **[FL LICENSE NO.]**.

REVISION HISTORY

Rev.	Date	Description of Change	Prepared By	Approved By
00	2026-10-24	Initial issue for STRAVIK Construction Group	[PREPARED BY]	Michael Gaya, President

1. PURPOSE

To define how STRAVIK Construction Group plans, prioritizes, executes and verifies improvement actions arising from audits, management reviews, incidents, nonconformities, client feedback and performance data, in alignment with ISO 9001/14001/45001 Clause 10.

2. SCOPE

Applies to all divisions, departments and projects and to improvement actions in quality, safety, environmental, operational and business performance.

3. INPUTS

- Management review outputs (STV-CIP-PRO-001)
- Internal and external audit findings (STV-CIP-PRO-004, STV-CIP-PRO-008)
- CAPA log entries (STV-CIP-PRO-003) and NCRs (STV-QMS-REG-008)
- Incident investigations (STV-HSE-PRO-018) and lessons learned (STV-CIP-PRO-002)
- KPI trends (STV-GOV-PLN-007, STV-CIP-RPT-006) and client satisfaction feedback

4. PRIORITIZATION

Improvement opportunities are scored on impact (safety, quality, cost, schedule, client) and effort, then ranked:

Priority	Criteria	Target Start
A – Critical	Safety-critical or regulatory exposure; recurring client complaint	Immediately

Priority	Criteria	Target Start
B – High	Significant cost, schedule or quality impact	Within 30 days
C – Normal	Efficiency or process enhancement	Next planning cycle

5. ACTION PLAN REGISTER

Each action is recorded with the fields below and reviewed monthly by the ELT.

Action ID	Source	Description	Owner	Priority	Target Date	Status	Verification of Effectiveness
CI-[NNN]	[SOURCE]	[DESCRIPTION]	[OWNER]	[A/B/C]	[DATE]	[STATUS]	[VERIFICATION]

6. METHOD

- Plan: define the problem, root cause (STV-HSE-FRM-018B) and measurable objective.
- Do: implement the action with assigned resources and timeline.
- Check: measure results against the objective using KPI data.
- Act: standardize successful changes by revising procedures under document control; otherwise re-plan.

7. RESPONSIBILITIES

Role	Responsibility
President	Approves the plan and resources; reviews progress quarterly.
Quality / HSE Manager	Maintains the register; facilitates root cause analysis; verifies effectiveness.
Department Heads / PMs	Own and execute assigned actions; report status monthly.

DOCUMENT CONTROL

- Controlled under the Records Management & Document Control Policy (STV-GOV-POL-011) and the Document Control Procedure (STV-GOV-PRO-015).
- Reviewed at least annually, or after an incident, audit finding, regulatory change or significant change in operations.
- Records generated under this document are retained per the retention schedule in STV-GOV-POL-011.

APPROVAL

Role	Name	Title	Signature	Date
Prepared By	[PREPARED BY]	[TITLE]		
Reviewed By	[QUALITY / HSE MANAGER]	[TITLE]		
Approved By	Michael Gaya	President		

This document is reviewed at least annually, or upon significant organizational, legal or operational change, and re-issued under document control per STV-GOV-POL-011.