

CORRECTIVE ACTION REPORT

JAN 2017

PART I: REQUEST FOR CORRECTIVE ACTION

SECTION 1. REQUEST FOR CORRECTIVE ACTION (IMPROVEMENT, PREVENTIVE ACTIONS INCLUDED)

A. DEFICIENCY/CONDITION/PROCESS/IMPROVEMENT/PREVENTIVE ACTION NOTED:

B. NOTED DURING:	<input type="checkbox"/> INTERNAL AUDIT	<input type="checkbox"/> NORMAL WORKDAY ROUTINE	<input type="checkbox"/> INSPECTION OF PRODUCT/PROCESS	<input type="checkbox"/> OTHER: ACCREDITING BODY ASSESSMENT
	<input type="checkbox"/> CUSTOMER SURVEY	<input type="checkbox"/> CUSTOMER COMPLAINT	<input type="checkbox"/> MANAGEMENT REVIEW	
C: TYPE	<input type="checkbox"/> IMPROVEMENT	<input type="checkbox"/> PREVENTIVE	<input type="checkbox"/> CORRECTIVE ACTION	
D: CAR NUMBER		E. ISSUE DATE		
F: ISSUER:		G. RESPONSE DUE DATE		

H. SPECIAL CLOSEOUT BY QUALITY MANAGER IF CAR IS BASED ON CUSTOMER SURVEY REFLECTING EXCEPTIONAL SERVICE. NO FURTHER ACTION REQUIRED.

QUALITY MANAGER PRINTED NAME		
QUALITY MANAGER SIGNATURE		DATE

SECTION 2. IDENTIFICATION ORIGINATOR

A. ORIGINATOR:

B. DATE DISCOVERED:

SECTION 3. QUALITY MANAGER REVIEW OF REQUEST

A. DEFICIENCY/CONDITION/PROCESS NOTED:

B. NONCONFORMANCE NOTED DURING:	<input type="checkbox"/> INTERNAL AUDIT	<input type="checkbox"/> NORMAL WORKDAY ROUTINE	<input type="checkbox"/> INSPECTION OF PRODUCT/PROCESS	<input type="checkbox"/> OTHER: EXTERNAL ASSESSMENT
	C. <u>DETERMINE VALIDITY OF NONCONFORMANCE:</u>		<input type="checkbox"/> VALID <input type="checkbox"/> INVALID	
D. <u>IDENTIFY TYPE OF NONCONFORMITY:</u>	<input type="checkbox"/> NONCONFORMING PRODUCT		<input type="checkbox"/> NONCONFORMING PROCESS	

SECTION 4. IDENTIFICATION

A. CAR NUMBER:	B. ISSUE DATE:
C. ISSUER:	D. RESPONSE DUE DATE:
E. DESIGNATED TO:	

PART 2: CORRECTIVE ACTION

SECTION 1. TO BE FILLED OUT BY DESIGNEE

A. IDENTIFY ROOT CAUSE:

B. IDENTIFY AFFECTED AREAS OR PROCESSES:

C. RECOMMENDED ACTION TO PREVENT RECURRENCE:

SUPPORTING DOCUMENTS USED: (CHARTS, CALIBRATION CERTIFICATES, SOPS, SOI'S, QUALITY MANUAL, FORMS, ETC.)

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PART 3: QUALITY MANAGEMENT SYSTEM CORRECTIVE ACTION STATUS/REVIEW REPORT

SECTION 1. IDENTIFICATION OF SUPPORTING DOCUMENTS

A. SUPPORTING DOCUMENTS USED:

SECTION 2. QUALITY MANAGER RECOMMENDATION

- ACCEPTABLE
- REQUIRES MORE INFORMATION
- UNACCEPTABLE

IF UNACCEPTABLE, PLEASE EXPLAIN:

DATE:

SIGNATURE:

SECTION 3. QUALITY MANAGER APPROVAL/DISAPPROVAL

- ACCEPTABLE/CLOSE OUT
- REQUIRES MORE INFORMATION
- UNACCEPTABLE

IF UNACCEPTABLE, PLEASE EXPLAIN:

A. EVALUATION OF CORRECTIVE ACTION

- RESPONSE ACCEPTED
- RESPONSE REJECTED

QUALITY MANAGER

DATE

B. FOLLOW UP OF CORRECTIVE ACTION

- REQUIRED
- NOT REQUIRED
- FOLLOW UP SCHEDULED _____

QUALITY MANAGER

DATE

INSTRUCTIONS FOR COMPLETION

PART 1. REQUEST FOR CORRECTIVE ACTION	
SECTION 1. REQUEST FOR CORRECTIVE ACTION	
A	DEFICIENCY/CONDITION/PROCESS NOTED
B	NOTED DURING: <input type="checkbox"/> INTERNAL AUDIT <input type="checkbox"/> NORMAL WORKDAY ROUTINE <input type="checkbox"/> Incoming/Outgoing INSPECTION OF PRODUCT/PROCESS
C	TYPE OF REPORT
D	CAR NUMBER (ISSUE A CAR NUMBER ACCORDING TO YOUR NUMBERING SCHEME)
E	ISSUE DATE (DATE QUALITY MANAGER OFFICIALLY DESIGNATES THE CAR TO A SELECTED INDIVIDUAL)
F	ISSUER – (PERSON RESPONSIBLE FOR ISSUING CAR NUMBER)
G	RESPONSE DUE DATE
H	QUALITY MANAGER SPECIAL CLOSEOUT SIGNATURE AND DATE
SECTION 2. IDENTIFICATION ORIGINATOR	
A	ORIGINATOR – PERSON RESPONSIBLE FOR CORRECTIVE ACTION REQUEST
B	DATE DISCOVERED – DATE THE PERSON RESPONSIBLE DISCOVERED THE NONCONFORMANCE
SECTION 3. QUALITY MANGER REVIEW OF REQUEST	
A	DEFICIENCY/CONDITION/PROCESS NOTED (SELECT FROM CHOICES)
B	NONCONFORMANCE NOTED DURING _____
C	DETERMINE VALIDITY OF NONCONFORMANCE – QUALITY MANAGER DETERMINES IF THE NONCONFORMANCE REPORTED IS VALID OR NOT
D	IDENTIFY TYPE OF NONCONFORMITY (SELECT FROM CHOICES)
SECTION 4. IDENTIFICATION	
A	CAR NUMBER (ISSUE A CAR NUMBER ACCORDING TO YOUR NUMBERING SCHEME)
B	ISSUE DATE (DATE QUALITY MANAGER OFFICIALLY DESIGNATES THE CAR TO A SELECTED INDIVIDUAL FOR COMPLETION)
C	ISSUER – (PERSON RESPONSIBLE FOR ISSUING CAR NUMBER)
D	RESPONSE DUE DATE
E	DESIGNATED TO (PERSON RESPONSIBLE FOR ADDRESSING DISCREPANCY)
PART 2. CORRECTIVE ACTION	
SECTION 1. TO BE FILLED OUT BY DESIGNEE	
A	IDENTIFY ROOT CAUSE
B	IDENTIFY AFFECTED AREAS OR PROCESSES
C	RECOMMENDED ACTION TO PREVENT RECURRENCE
PART 3: QUALITY MANAGEMENT SYSTEM CORRECTIVE ACTION STATUS/REVIEW REPORT	
SECTION 1. IDENTIFICATION OF SUPPORTING DOCUMENTS	
A	SUPPORTING DOCUMENTS USED
SECTION 2. QUALITY MANAGER RECOMMENDATION	
SECTION 3. QUALITY MANAGER APPROVAL/DISAPPROVAL	
A.	EVALUATION OF CORRECTIVE ACTION
B.	FOLLOW UP OF CORRECTIVE ACTION