Corrective/Preventive Action Request Form

CA ____  PA ____

CPA#: ____________________________
(Assigned by Q.A. Office)

1. Action Request

1.1. Customer Information (If Applicable)

Customer: ____________________
Contact : ____________________

1.2. Audit Information (If Applicable)

1.3. Detailed Problem Description

• Attach a sheet outlining the non-conformance and any suggested solutions.

Completed By: ____________________________  Date: ____________________

2. Investigation

2.1. Findings

• Attach a sheet outlining the investigation findings/root cause analysis of the non-conformance and all possible solutions.

Completed By: ____________________________  Date: ____________________

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3. Implementation
   • Attach a sheet outlining the solution implemented, and the date implemented.

   3.1. Date Action Plan Implemented: ____________________

       Completed By: _______________________________     Date: ___________________

4. Verification

   4.1. Results of Action Taken

   4.2. Was the action taken effective?                  ______ Yes      ______ No

   4.3. Close the Corrective Action Request?        ______ Yes      ______ No

       Completed By: _____________________________     Date: ____________________

       Quality Assurance: ___________________________      Date: ____________________

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