



Corrective Action Form

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|---|---------------------------------|---------------------------------|---------------------------------------|---------------------------------------|
| Requestor: | | Issued to: | | |
| Criticality: | Major: <input type="checkbox"/> | Minor: <input type="checkbox"/> | Observation: <input type="checkbox"/> | Corrective Action # |
| Customer and/or Part Number: | | | | |
| Date Initiated: | | Corrective Action Plan Due: | | Final Corrective Action Due: |
| Statement of Nonconformity: | | | | |
| Are there any additional Nonconforming parts or processes based on the finding in this Corrective Action? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Under Review <input type="checkbox"/> |
| Immediate Correction/Containment: | | | | |
| Root Cause: | | | | |
| Corrective Action(s): | | | | |
| Corrective Action Implementation Plan: | | | | |
| Corrective Action Plan Reviewed By: | | | Title: | |
| Date Reviewed: | | | | |
| Corrective Action Effectiveness Verified By: | | | Title: | |
| Date Effectiveness Verified: | | | | |