Corrective Action Report

Tracking Number:	Reported By:	Date Found:	Status

1. Describe the problem

Priority Classification					
Legal or compliance issues?	☐ Concerns must be forwarded to Top management for review				
Safety concerns?	☐ Concerns must be forwarded to the EMS Department for review				
Repeated nonconformities in:	☐ Repeated issues must be sent to the EMS Manager for review				
Select	Products/services?	☐ High (3)	☐ Medium (2)	☐ Low (1)	☐ OFI (0)
	Processes?	☐ High (3)	☐ Medium (2)	☐ Low (1)	☐ OFI (0)
	Management system?	☐ High (3)	☐ Medium (2)	☐ Low (1)	☐ OFI (0)

Source:	**How was the nonconformance detected?**		
	☐ Feedback - Supplier	☐ Audit - Client	☐ In-process inspection
	☐ Feedback - Customer	☐ Review - Management	☐ First article inspection
	☐ Feedback - Stakeholder	☐ Review - Department	☐ Receiving inspection
	☐ Feedback - Employee	☐ Review - Design	☐ Final inspection
	☐ Audit - Internal	☐ Nonconformity - Process	☐ Monitoring
	☐ Audit - Registrar	☐ Nonconformity - Product	☐ Customer complaint
	☐ Audit - Supplier	☐ Nonconformity - Service	☐ Customer feedback
	☐ Other:		

Location:	**Define the process name in which the problem arose**
	1.
	2.
	3.

Include a description of requirements (reference drawing, specification, standard as appropriate). A detailed description of the nonconformance. Sketches, drawings, specifications, etc., should be used to help the understanding of the nonconformity.

1. Problem Statement;
2. Failure analysis;
3. Is/Is Not analysis;
4. Process flow with control points identified;
5. Problem Description.

Description of the Issue:
Describe the issue using plain language, and list any relevant documents, names of others who may be aware. Need to have correct problem description to identify causes. Use terms that are understood by all.

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Description of the Issue:
Sketch of the Problem:

2. Contain the problem

Protect the customer from further effects of the issue, to limit exposure and potential liability and might include suspension of the process and/or shipments, 100% inspection, sorting, rework, substitution or additional operations.

Immediate/Temporary Actions			
Description	**Results**	**Responsibility**	**Completed Date**

Document Actions in the F1020-06 Action Items Log

Submitted By:		**Date:**	
Submit this report to the EMS Manager. Update Part A of the Corrective Action Tracker (Cols B to K). Also complete the enhanced data fields: Source/Origin (Col O), Department (Col P), Cost of NC (Col Q), Severity (Col R), Recurrence Link (Col S), Root Cause Category (Col T).			

CAR Assigned To (Name):	**Date Assigned:**	**Process Owner:**

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Refer to CAR Log		

3. Analyze the causes

Establish a small group of people with the process/product knowledge, allocated time, authority and skill in the required technical disciplines to solve the problem.

Corrective Action Team			
Name	**Position/Dept**	**Skills**	**Responsibility**

Root-cause Analysis
Describe how the root-cause was established and attach copies of the chosen root-cause analysis method: A3, 5-Y, 8D, Fishbone, or FMEA. Update Part A of the Corrective Action Tracker (Col G).

4. Propose correction action

Description of Corrective Action:
Describe the proposed method for permanent corrective action. Update Part B of the Corrective Action Tracker (Col E — Description of Corrective Action).

5. Implement corrective action

Establish a small group of people with the process/product knowledge, allocated time, authority and skill in the required technical disciplines to implement corrective actions. Update Part B of the Corrective Action Tracker: Process Owner (Col D), Date Assigned (Col G), Status (Col J).

Corrective Action Team			
Name	**Position/Dept**	**Date Assigned**	**Completion Date**

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Corrective Action Implemented By:			
Implemented By:	**Signature**	**Position**	**Date**
Reviewed By:	**Signature**	**Position**	**Date**

6. Verify effectiveness

Verification:
Describe how the corrective action addressed the root cause, list relevant evidence. Update Part B of the Corrective Action Tracker: Verification Method (Col N), Date Verified (Col O), Effectiveness Rating (Col Q).
Feedback & Acknowledgments:
Mention pertinent feedback from the personnel involved and acknowledge those that contributed to resolving the corrective action.

7. Close Out

Corrective Action Close Out:
Verify that the planned actions were taken as scheduled and assess their effectiveness in permanently preventing the undesirable condition, situation, non-conformity, or failure from recurring. Update Part B of the Corrective Action Tracker: Actual Completion Date (Col P). Set Status (Col J) to Closed. Confirm Deadline (Col M) shows Complete.

Corrective Action Completed By:			
Actioned By	**Signature**	**Position**	**Date**

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	Signature	Position	Date
Verification By			

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