

## Corrective and Preventive Action Form

Raised by:		Assigned to:		Date:	Remarks:
Description:					
Proposed immediate action (correction):					
Completed by:		Date:	Remarks:		
Root cause analysis required:    Yes <input type="checkbox"/> No <input type="checkbox"/>					
Underlying / root cause:					
Determined by:		Date:	Remarks:		
Proposed action for long term solution (corrective/preventive action):					
Completed by:		Date:	Remarks:		
Comments on effectiveness of action taken:					
Closed out by:		Date:	Remarks:		