

CORRECTIVE ACTION REQUEST

Corrective Action Number:
(IC or CC-Year-Month-Sequence)

Internal (IC): <input type="checkbox"/>	Description:	Customer Contact: (if external)
External (CC): <input type="checkbox"/>		
Originator:	Date:	Cust Phone:
DETAILED PROBLEM DESCRIPTION:		
Forwarded To: _____ Date: _____		
ROOT CAUSE:		
Written By: _____ Date: _____		
CORRECTIVE ACTION (Short Term):		
Responsibility: _____ Date: _____		
PREVENTATIVE ACTION (Long Term):		
Responsibility: _____ Date: _____		
REVIEW by Management:		
Reviewed By: _____ Date: _____		
<input type="checkbox"/> Implementation acceptable. Corrective Action closed.		
<input type="checkbox"/> Implementation unacceptable. Corrective Action NOT closed. New Date: _____		