| **C/A #** | | **Written / Issued by:** | **Date Written:** |
| --- | --- | --- | --- |
|  | |  |  |
| **Nonconformance / Finding**  *(A clear description of the issue being documented)* | | | |
|  | | | |
| **Personnel assigned for action:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Due Date for Initial Response:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Immediate Correction:**  *(Clearly describe what action was taken to correct/repair the nonconformance)* | | | |
|  | | | |
| **Root Cause Analysis:**  *(What underlying issue led to the problem occurring in the first place?)*  *Note: Performing a Root Cause Analysis exercise such as 5-Whys,etc. can be helpful in determining the true cause(s)* | | | |
|  | | | |
| **Corrective Action:**  *(Action taken to address the root cause determined above and prevent recurrence)* | | | |
|  | | | |
| **Follow up due:**  No ***less*** than 14 days after  date written  ------------------------------------ | ***The personnel assigned for action, must respond with evidence that the Corrective Action stated above has been implemented, reviewed and has been effective in preventing recurrence of the issue.***    ***Note: If the action has not been effectively put into place, a new follow-up due date for***  ***re-evaluation is to be assigned.*** | | |
| **Follow-up review performed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Implementation effective: yes / no (circle one)** If no, New follow-up / Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |