| **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)* |
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| **Corrective Action:** *(Action taken to address the root cause determined above and prevent recurrence)* |
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| **Follow up due:**No ***less*** than 14 days afterdate 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |