



NON-CONFORMANCE / CORRECTIVE - PREVENTATIVE ACTION REPORT

1) ORIGINATOR (please complete)

Name _____ Position _____

Report Type: Non-conformance / Corrective Action Opportunity for Improvement / Preventive Action

Report Origin: Customer Feedback In-house Audit Finding

Standard / Procedural Reference: _____ Responsible Function: _____

Description of Non-conformance or Opportunity for Improvement request: (Please use reverse if more space is required)

Responsible Authority: _____ Response Date: _____

Originator's Signature _____ Date _____

2) RESPONSIBLE MANAGER (please complete) – Proposed Action

For Corrective / Preventive Action(s), please indicate:

Root Cause of Problem

Disposition

- Use-as-is
 Rework
 Scrap

Proposed Corrective / Preventive Action: _____ Proposed Completion Date _____

Responsible Manager's Signature _____ Date: _____

Copy to QMR – QMR Signature _____ Date: _____

3) RESPONSIBLE MANAGER – Completed Actions

Description of Action(s) Taken:

Completion Date _____ Responsible Manager's Signature _____

4) QUALITY ASSURANCE – Follow up

Comments:

Signature _____ Date _____