



Guilford County Schools

Preventive Action Request Form

Document Control Use Only:

Preventative Action Number _____

Date Received / /

Instructions: Complete section 1 in its entirety and submit it to the Continuous Systems Improvement office. This begins the process of detecting and identifying potential problems or non conformances by (1) identifying the potential problem or nonconformance; (2) finding the cause of the potential problem; (3) developing a plan to prevent the occurrence; (4) implementing the plan and (5) reviewing the actions taken and their effectiveness in preventing the problem.

SECTION 1:

To be completed by the Requestor

DATE:

REQUESTOR'S NAME:

DEPARTMENT:

PHONE # OR EXT. #

E-MAIL:

Type of Action Request (check only one): ☐ Preventive Action ☐ Nonconformance

Describe the issue and/or check here ☐ if documents are attached (____ # of pages)

Identify possible solutions that may resolve this issue:

| | | | | | |
|--|--|--------------|--|---|--|
| SECTION 2: | | | <i>For completion by the Management Review Team (MRT)</i> | | |
| DATE SENT TO MRT: | | ASSIGNED TO: | | DATE RECEIPT ACKNOWLEDGED TO REQUESTOR: | |
| MRT Decision / Consideration: | | | | | |
| Investigation & Identification of Potential Causes: | | | | | |
| Identify Possible Corrective Actions: | | | | | |
| Action Suggested to Correct: | | | | | |
| Action Suggested to Prevent Recurrence: | | | | | |
| SECTION 3: | | | <i>Assessment and Verification</i> | | |
| Has the documented action been implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No Has it been effective? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , provide details. If NO , what steps will be taken to ensure an acceptable outcome? | | | | | |
| What standard or criteria was used to verify that the action was implemented? | | | | | |
| To ensure effectiveness, this action will be reviewed by MRT Member:: | | | | | |
| Date Scheduled for Review: | | | | | |
| SECTION 4: | | | <i>Event Conclusion and Closure</i> | | |
| Date Requestor notified of outcome: | | | | By: | |
| Date Entered in Preventive Action Request (PAR) Log: | | | | By: | |
| Date Verification and Closure Performed: | | | | By: | |