



Corrective and Preventive Action Form

Parish / Community Name.....**Suburb / State****Date**.....

Issue Type	Incident resulting in Injury <input type="checkbox"/>	Incident <u>not</u> resulting in Injury <input type="checkbox"/>	Issue raised from Internal / External Audit <input type="checkbox"/>	Issue raised by Regulator or other notices/external parties <input type="checkbox"/>	Other <input type="checkbox"/>
	Improvement Suggestion <input type="checkbox"/>	System failure <input type="checkbox"/>	Training Issue <input type="checkbox"/>	Contractor Issue <input type="checkbox"/>	Volunteer Issue <input type="checkbox"/>
Raised by:		Assigned to:		Date Required for Completion:	
Description of Issue:					
Proposed immediate action (correction):					
Completed by:		Date:		Remarks:	
Investigation Required: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Use <i>Investigation Form</i>					
Underlying root cause of Issue:					
Determined by:		Date:		Remarks:	
Proposed action for long term solution (corrective/preventive action):					
Completed by:		Date:		Remarks:	
Comments on effectiveness of action taken:					
Closed out by:		Date:		Remarks:	



Other Comments / More Detail