**Corrective Action Form PDF**

**Date of Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Employee/Department Affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Issue:  
Describe the issue that has been identified. Provide details, including specific instances or incidents where applicable.**

**Immediate Action Taken:  
What immediate steps were taken to address the issue?**

**Root Cause Analysis:  
Identify the root cause of the issue to prevent recurrence.**

**Corrective Action Plan**

| **Action Step** | **Responsible Person** | **Completion Date** | **Verification Date** |
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**Follow-Up and Evaluation  
Will the corrective actions taken be reviewed? (Check one)**

* **Yes**
* **No**

**Employee Acknowledgment  
Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**