



CORRECTIVE ACTION FORM

CAR NO:

ISSUED TO (COMPANY):

ISSUED TO (NAME):

ISSUE DATE:

STEP	DESCRIPTION	COMPLETED BY/DATE
Problem Description <ul style="list-style-type: none"> ◆ What is the finding ◆ Describe the problem ◆ Reference any rules or specs 		
Containment/Interim Actions <ul style="list-style-type: none"> ◆ Description of containment actions if necessary to mitigate the risk to the customer 		
Root Cause Analysis <ul style="list-style-type: none"> ◆ Describe Root Cause of the problem ◆ Use 5-Whys or other problem solving tools as necessary 		
Corrective Actions Taken <ul style="list-style-type: none"> ◆ What corrective measures have been put in place to prevent the root cause from recurring ◆ List all actions taken 		
Preventive Actions <ul style="list-style-type: none"> ◆ List any process documents (procedures, forms, policies) that were changes to prevent issue ◆ List any training or re-training that was completed including the names of persons trained 		

PLEASE SEND ALL CAR UPDATES AND QUESTIONS TO NMEDA QAP COORDINATOR (kristen@nmeda.org) or fax to (813) 962-8970