

Corrective / Preventive Action

Plant _____

Originating Date _____

Due Date _____

Shift _____

Type Corrective Preventive

Source Internal External

C/P Issue Supplier Mfg Returns Customer Complaint Warranty Safety Audit EMS

GARS / ROSS # _____

RGA # _____

Customer Tracking # _____

Customer / Vendor _____

Quality Alert # _____

Audit Internal Surveillance Random Follow Up

Nonconformance Major Minor Opportunity

Process Name _____

Auditor _____

Requested By _____

Responsible Mgr. _____

Description of Condition

Interim Action (Containment / Short-term)

Root Cause - Must Check Which Root Cause Analysis Tool Used (Page 2): Brain Storming 5-Why? Fishbone Diagram

Final / Permanent Corrective Action

Verification / Effectiveness of Permanent Corrective Action

Verification Checks to Prevent Recurrence	Comments			
Process FMEA Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Control Plan Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Flow Diagram Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Operator Instructions Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Inspection Sheets Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Training Required / Complete / Attached?	<input type="checkbox"/> Required	<input type="checkbox"/> Complete	<input type="checkbox"/> Attached	
Process Change Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Initiated	
Was Mistake-proofing Considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8-D Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Quality Alert Closed / Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Similar Parts / Process Affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Perform a Follow Up Audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Increase Audit Frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Title _____ **Signature** _____ **Sign Off Date** _____

Additional information maybe attached or added to the back of this form

Root Cause Analysis Worksheet

Brainstorming (Go around the room at least 2 times asking each person for a possible root cause (reason) for the issue. Note ideas below.)

5-Why?

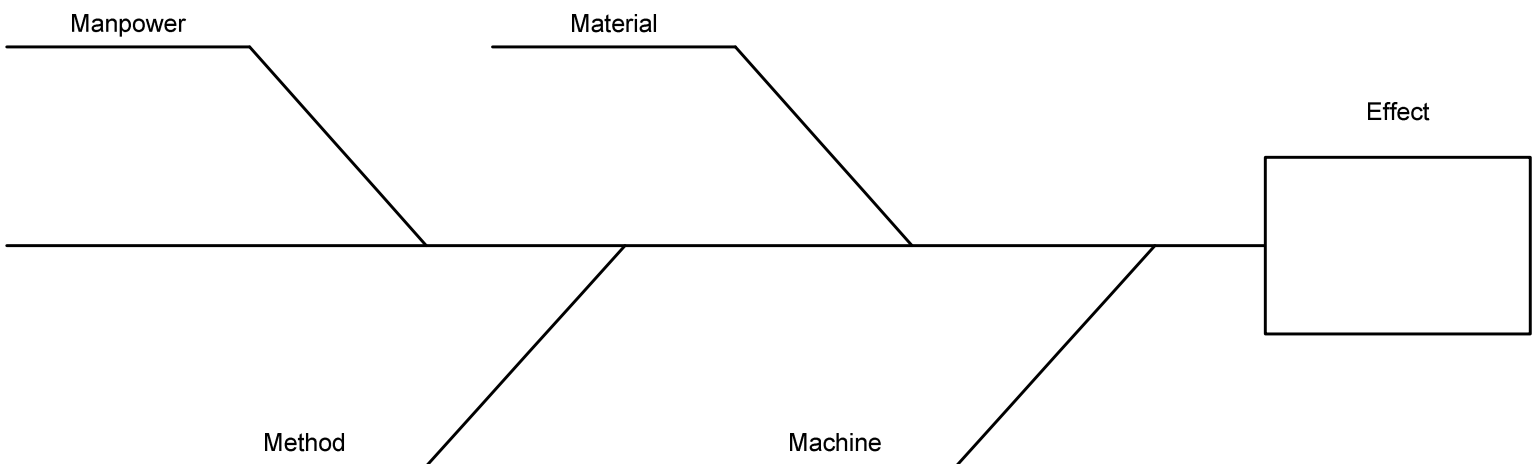
(5-Why should be used to find the Process, Detection, & Systemic Issues)

(Ask group question 1 “Why did issue occur?” Note answer 1. Create a question from answer 1 starting with “Why...?” Continue **up to 5 times.**)
 (3-Legged 5-Why form can also be used Form # 14.01.01.04)

State Question 1 _____
 State Answer 1 _____
 State Question 2 _____
 State Answer 2 _____
 State Question 3 _____
 State Answer 3 _____
 State Question 4 _____
 State Answer 4 _____
 State Question 5 _____
 State Answer 5 _____

Fishbone

(Use brainstorming or 5-Why methods to generate possible causes and organize information below. Replacement categories allowed.)



*Note - Also a Database Form