

Corrective / Preventive Action

Originating Date _____

Due Date _____

Plant _____

Shift _____

Requested By _____

Responsible Mgr. _____

Type Corrective Preventive

Source Internal External

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

Unintended Changes Customer Scorecard

GARS / ROSS # _____ Customer / Vendor _____ RGA# _____

Incident Report # _____

Quality Alert # _____

Customer Tracking # _____

****If Audit finding complete this section****

Audit Internal Surveillance Random Follow Up **Nonconformance** Major Minor Opportunity

Process Name _____

Auditor _____

Description of Condition

If C/P is due to suspect product shipped to customer, documented notification to customer is attached with this C/P

Interim Action (Containment / Short-term – includes information related to consequences / impact from unintended changes)

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

Justification of NOT applying Audit findings (Quality & EMS) to all Divisions (Determined by Quality Director and/or Quality Systems Manager)

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?

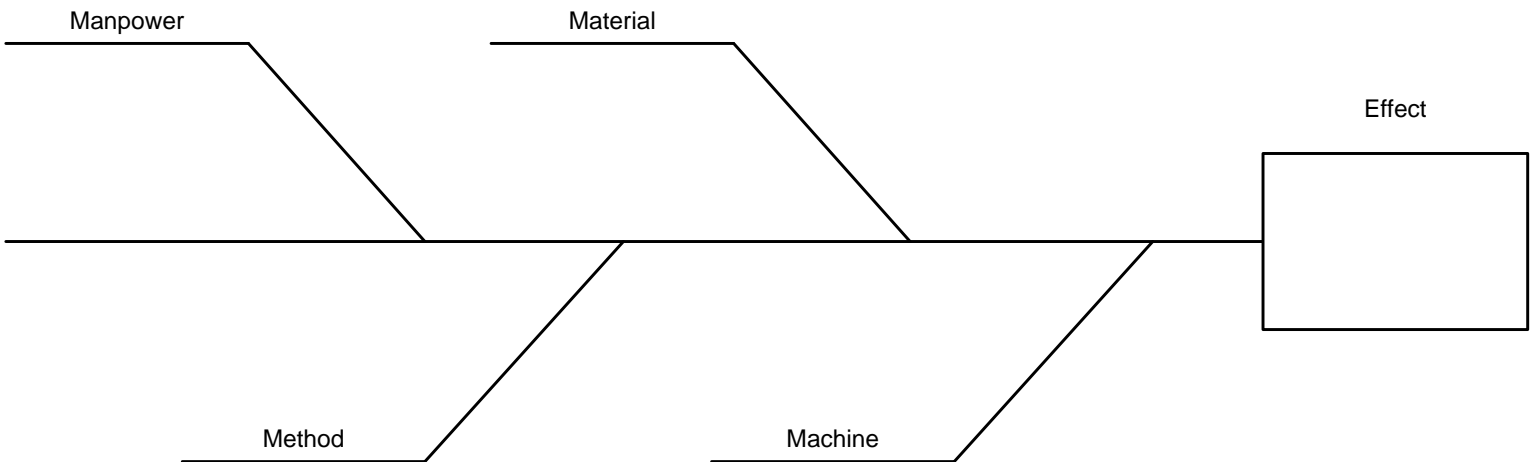
(5-Why should be used to find the **Process, Detection, & Systemic Issues**)

(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.)



General Aluminum Manufacturing Co.
Corrective / Preventive Action

<i>Identified Product/Process Failures are added to the FMEA / Added Monitoring & Measuring are added to the Control Plan</i>				
Verification Checks to Prevent Recurrence		Comments		
Process FMEA, Control Plan & Flow Reviewed / Updated?	<input type="checkbox"/> Reviewed	<input type="checkbox"/> Updated	<input type="checkbox"/> Complete	
Layered Process Audit 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			
<i>Add to Lessons Learned Log</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
***Was the issue and system root cause identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
***Other Similar Parts / Process Affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by General and/or Quality Mgr.		
***Perform a Follow Up Audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by General and/or Quality Mgr.		
***Increase Audit Frequency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Completed by General and/or Quality Mgr.		
Implement at all Divisions (Audit findings)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quality Director and/or Quality Systems Mgr.		

Verification must be attached to C/P before sign off by Management to ensure items are complete

Title	Signature	Sign Off Date
_____	_____	_____
_____	_____	_____

DCA Initials of verification for completeness _____

*Note - Also a Database Form – update databases