

CORRECTIVE/PREVENTIVE ACTION REQUEST

CPAR - _____

TO: _____ (Mang. Rep.)

FROM: _____

CC: _____ (ADE Const)

DATE: _____

A. Corrective/Preventive Action Request (Please complete a separate form for each item):

In the space below describe the: concern / problem / situation / nonconformity or customer complaint.

Signed: _____

Date: _____

(When section A has been completed, forward this form to the Management Representative)

Received by Management Representative: Signed _____ Date: _____

Assigned to: _____ Response requested by Date _____

B. Corrective / Preventive Action Response (Determine the root causes of nonconformity or the potential nonconformity. Evaluate the need for action and what action will ensure nonconformity does not recur)

Signed _____
(When section B has been completed, return to the Management Representative)

Date: _____

CPAR - _____

C. Action: (Determine and implementation of action needed)

Signed _____ Date: _____
(Management Representative)

D. Determine and Implementing Action: (Records of results of action taken, review effectiveness of action taken and date when CPAR can be finalized)

Signed _____ Date: _____
(Management Representative)