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| **INFORMATION** |
| Name: | Position: |
| Report Type: ☐Non-Conformance/Corrective Action ☐ Preventive Action |
| Report Origin: ☐ Customer Feedback ☐ In-house ☐ Audit Finding |
| Standard/Procedural Reference: |
| Responsible Function: |
| Description of Non-Conformance or Opportunity For Improvement Request: |
| Responsible Authority: | Response Date: |
| Originator Signature: | Date: |

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| **RESPONSIBLE MANAGER - PROPOSED ACTIONS** |
| **Root Cause of the Problem:** | **Disposition:****☐** Use As-is**☐** Rework**☐** Scrap |
| **Proposed Corrective or Preventive Action:****Proposed Completion Date:** |
| **Manager’s Signature:** | **Date:** |

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| **RESPONSIBLE MANAGER - COMPLETED ACTIONS** |
| **Actions Taken:** |
| **Completion Date:** | **Manager’s Signature:** |

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| **QUALITY ASSURANCE FOLLOW-UP:** |
| **Comments and Recommendations:** |
| **Signature:** | **Date:** |