Corrective and Preventive Action Request (CPAR) Form

Corrective Action [ ] or Preventive Action [ ] #_____
(Quality Assigns)

SECTION 1 (Initiator or Quality Department Designee completes)

Request as a result of: Nonconforming Product [ ] Internal Audit [ ] Customer Advisory [ ]
Management Concern [ ] External Audit [ ] Other: _____

Problem Description or attach report: _____

Signature: Date:

SECTION 2 (Quality designee or Other _____ completes) Signature: _____

Owner: _____ Date Assigned: _____ Investigation Due Date: _____

SECTION 3 (Owner completes and returns to Quality designee for review prior to Due Date

Identify Root Cause: _____

Interim Corrective Actions: (include containment activities) _____

Permanent Corrective Actions to prevent reoccurrence (indicate documents to be revised): _____

ASSESS CHANGES TO: SIMILAR PROCESSES [ ] CONTROL PLAN [ ]

All Corrective Actions COMPLETED: [ ] Yes [ ] No, Committed Due Date: _____
(may attach supporting data) Signature: _____

SECTION 4 (Quality Designee or Other _____ completes): Signature: _____

Corrective Action Approved: [ ] Yes [ ] No recommendations:		
Owner:	Date Assigned:	Date Action Due:

SECTION 5 (Assigned Owner completes and returns to Quality)

Corrective Action Effective: [ ] Yes [ ] No	Signature:	Date:
Explain (may attach supporting data):		

SECTION 6 (Quality Designee or Other _____ completes) Signature: _____

Reviewed / Approved for closure: [ ] Yes [ ] No, New CPAR#: _____	Date:

Form #: _____; Revision: _____; Date: _____