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#:

Reviewed / Approved for closure: __________________________ Date: __________________________

Form #: __________________________; Revision: __________________________; Date: __________________________