

[organization name]

Corrective or Preventive Action Form

Corrective/preventive action no. ____		Corrective action / Preventive action (circle)
Description of [potential] nonconformity:		
[Potential] nonconformity identified on:	Name of the person who identified the [potential] nonconformity	Signature
Cause of nonconformity:		
If similar nonconformity already exists, refer here to its Corrective Action No.:		
Is it necessary to take corrective/preventive action? YES - NO (circle)		
Corrective / preventive action to be implemented:		
Who must be informed about implemented action:		
Approved by	Implementation deadline	Person responsible for implementation
Corrective / preventive action implemented on:		Signature
Effectiveness of the implemented action reviewed on:		Signature

Comment [BV1]: Use this word only when

Comment [BV2]: Paper forms need not be signed if the form is used in electronic form.