



F.007 CORRECTIVE ACTION REPORT FORM

C.A.R. #

Cust. Complaint #

(If Space Is Limited Use An Additional Sheet Of Paper And Staple It To This Corrective Action)

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|----------|--|---|
| 1 | Type: Customer <input type="checkbox"/> Supplier <input type="checkbox"/> Internal <input type="checkbox"/> | Customer/Supplier: |
| | Enq/Job/Rep/Inv #: | External Contact Name: |
| | Scope: | External Contact Phone: |
| | Initiated By: | Forward To: (for step 2) |
| | Initiation Date: | Due Date: Pending Due Date: |
| | Respond To Customer? Yes <input type="checkbox"/> No <input type="checkbox"/> By Date: | Visit Required? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 1 | Describe The Problem: | Can the problem affect other products or processes? |
| | | Is it a systemic problem that can re-occur? |
| 2 | CAR Action Owner: | Position/Group & Phone: |
| 3 | What Did You Do To Contain The Problem? | If the problem affects other product/process or is systemic, how were they contained? |
| | (Purge System As Warranted) | |
| 4 | Root Cause (s): | |
| | Ask Why 5 Times. Personnel Failure Not Acceptable! | |
| 5 | What Actions Corrected The Root Cause? | |
| | List actual actions taken, not actions that will be taken in the future! If additional time is required see Q.A. to place C/A in pending status. | |

| | | |
|---|--|---|
| 6 | List Data That Verifies Corrective Action: Evidence Required | Was QM Revise? Yes <input type="checkbox"/> No <input type="checkbox"/> (give details) |
| 7 | Department Manager: Accept <input type="checkbox"/> Reject <input type="checkbox"/> Signature: _____ Date: _____ Quality Assurance Supervisor/Analyst: Accept <input type="checkbox"/> Reject <input type="checkbox"/> Signature: _____ Date: _____ Quality Assurance Manager: Accept <input type="checkbox"/> Reject <input type="checkbox"/> Signature: _____ Date: _____ | |
| 8 | Congratulate Team! | Note: Quality Assurance Manager returns C/A to Q.A. Analyst for re-issue or close C/A. |