

Identification of NCF: _____

Initial Analysis:

Any Quick Corrections Applied?: **YES/NO**

If **YES**, please specify quick corrections applied in detail:

Identification of Root Cause:

Corrective Action Plan:

Preventive Action Plan:

To be filled in by Management

Is Correction Action Plan Approved? **YES/NO**

Is Preventive Action Plan Approved? **YES/NO**

Approved By: _____

Date: __/__/__

To be filled in upon completion

Corrective Action Completed on: __/__/__ Signature: _____

Preventive Action Completed on: __/__/__ Signature: _____