Corrective & Preventive Action Plan

Problem *(existing or potential)*	**Description:** [ ] existing [ ] potential (preventive action)
	What did you do to fix the immediate problem (if any)?
	Filled out by:

⬇ The section below is filled out by MANAGEMENT ⬇

Root Cause *(Ask five times "why?" to identify root cause)*	**If there is a root cause that needs correction, what is**
	Filled out by:
Action	**What will be/has been done to correct the root cause** **occur or recur?**

SAMPLE ONLY

Due Date:

Date:

corrective action or explain below!)

Results *(Allow enough time after implementation of corrective action to properly evaluate results)*	Other results:
	Notes/further action:
	Filled out by:	**Date:**