

CORRECTIVE PLAN & ACTION REQUEST

Month: _____ Department: _____ CPA No (to be filled by QHSE Team Lead): _____

CPA Initiated on (Date): _____ CPA Initiated by (Name): _____

CPA Initiated due to (Please tick relevant appropriate box below):

☐ Complaint ☐ Environmental Aspects ☐ Internal Audit ☐ Suggestion / Improvement ☐ Health & Safety Hazards ☐ NC

A. Description (to be filled by Initiator)		
_____		Signatures
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Marked to: _____ Date: _____	
* If accepted then QHSE Team Lead to mark it to concerned dept for Analysis.		
B. Root Cause Analysis		
C. Proposed Corrective Action & Plan		Target Date : _____
_____		Name or Signatures
(Person who carried out Root Cause Analysis and Proposed Corrective Action)		

D. Verification by the QHSE team lead for Implementation & Effectiveness	
Is Proposed Action Implemented: <input type="checkbox"/> YES <input type="checkbox"/> NO	Is it Effective: <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments (if any): _____ _____ _____ _____ _____	
CPA closing date: _____	QHSE team lead Sign: _____