

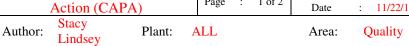
PREMIER MAGNESIA - GILES CHEMICAL

COMPANY FORM

Corrective and Preventative

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02 11/22/11 Revision Date





CORRECTIVE AND PREVENATIVE ACTION (CAPA)

Date:	Report #:	Assigned To:			
Date:	Report #:	Assigned To:			
Initiated By:	CSR:	Salesperson:			
Customer:	Customer Location:	Product:			
Production Date:	Production Location:	Qty Rejected:			
Affected Quantity:	BOL#:	Date of Shipment:			
Generated By: Internal Audit					
Initial Description of non-conformance (to be completed by originator):					
Date Incident Occurred:					
Complaint Descriptions					
Complaint Description:					
Identify root cause(s) of non-conformance (to be completed within 7 days of origination):					
Root Cause(s):					



PREMIER MAGNESIA - GILES CHEMICAL COMPANY FORM

ALL

Corrective and Preventative

Plant:

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Revision : 02 Date : 11/22/11

Area: Quality



Action Plan (to be completed within 7 days of origination):

Stacy

Lindsey

Action (CAPA)

Action 1 ian (to be completed within 7 days of origination).						
		Person Responsible	Target Date	Date Corrected		
Immediate Action:						
Short Term Corrective	Action:					
Long Term Corrective A	Action:					
Long Term Corrective Action.						
Follow-Up:						
•						
□Cost:						
Final Approval:						
	Title	Cianatura		Data		
Name	riue	Signature		Date		

Quality Manager
Quality Director
Director of
Manufacturing