
	PREMIER MAGNESIA - GILES CHEMICAL			
	COMPANY FORM			
	Corrective and Preventative Action (CAPA)	Page : 1 of 2	Revision : 02 Date : 11/22/11	
	Author: Stacy Lindsey	Plant: ALL	Area: Quality	

CORRECTIVE AND PREVENATIVE ACTION (CAPA)

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:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Internal Audit | <input type="checkbox"/> Customer Complaint | <input type="checkbox"/> In- Process |
| <input type="checkbox"/> External Audit | <input type="checkbox"/> Consumer/Customer Inquiry | <input type="checkbox"/> Other: _____ |


Initial Description of non-conformance (to be completed by originator):


Date Incident Occurred:

Complaint Description:

Identify root cause(s) of non-conformance (to be completed within 7 days of origination):

Root Cause(s):

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

	<u>Person Responsible</u>	<u>Target Date</u>	<u>Date Corrected</u>
Immediate Action:			
Short Term Corrective Action:			
Long Term Corrective Action:			

Follow-Up:

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☐ **Cost:**

Final Approval:

Name	Title	Signature	Date
	Quality Manager		
	Quality Director		
	Director of Manufacturing		