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



CORRECTIVE AND PREVENTIVE ACTION (CAPA)

| | | |
|--------------------|--|-------------------|
| Date: | Report #: | Assigned To: |
| Initiated By: | CSR: | Salesperson: |
| Customer: | Customer Location: Certified Packaging | 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):

| | | | | |
|---|--|---------------|----------------------------------|---|
|  | PREMIER MAGNESIA - GILES CHEMICAL | | |  |
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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:

| |
|---------------------------------------|
| <input type="checkbox"/> Cost: |
|---------------------------------------|

Final Approval:

| Name | Title | Signature | Date |
|------|---------------------------|-----------|------|
| | | | |
| | | | |
| | Director of Quality | | |
| | Director of Manufacturing | | |