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Corrective and Preventive Action Report

DATE : INITIATED BY: CUSTOMER :	GENERATED BY: REPORT #	CUSTOMER COMPLAINT <input checked="" type="checkbox"/> EMPLOYEE SUGGESTION <input type="checkbox"/> INTERNAL <input type="checkbox"/> AUDIT <input type="checkbox"/> OTHER <input type="checkbox"/>
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DATE INCIDENT OCCURRED:	MAJOR	MINOR	OBSERVATION <input type="checkbox"/>
COMPLAINT DESCRIPTION:			

ROOT CAUSE
CORRECTIVE ACTION:
RESPONSIBLE MANAGER: _____

DATE OF CORRECTIVE ACTION: _____	COST OF NON-CONFORMANCE (PER TON):
RESOLVED?	FREIGHT OUT:
FOLLOW UP REQUIRED?	FREIGHT BACK:
COMMENTS:	PACKAGING:
	REWORK COST:
	CUSTOMER CREDIT: _____
	TOTAL:
QC ASSOCIATES SIGNATURE	_____
RESPONSIBLE MANGER'S SIGNATURE:	_____
PRESIDENT'S SIGNATURE:	

CC: Wrenn, Hill,