**Corrective Action Form**

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| Corrective action no. \_\_\_\_ | | |
| Description of nonconformity: | | |
| Nonconformity identified on: | Name of the person who identified the nonconformity | Signature |
| Cause of nonconformity: | | |
| If similar nonconformity already exists, refer here to its Corrective Action No.: | | |
| Is it necessary to take corrective action? YES – NO (circle) | | |
| Corrective action to be implemented: | | |
| Who must be informed about implemented action: | | |
| Approved by | Implementation deadline | Person responsible for implementation |
| Corrective action implemented on: | | Signature |
| Effectiveness of the implemented action reviewed on: | | Signature |
| If changes to the documentation are necessary, specify them here: | | Signature |