

Corrective Action Form

Non-conformity Identification:

Area/Department:
Description:

Identified by (Name & Sign)

Date :

Root Cause Analysis:

Corrective/Preventive Action:

Responsibility

Due Date

Corrective/Preventive Action decided by

Name :

Deptt :

**Sign :
Date:**

Verification/Closing:
Corrective/Preventive Actions implemented effectively
CAF is closed

Name:

Sign

Date :

