



Corrective, Preventive & Continual Improvement Action Form

Section 1: Completed by Customer or Staff Member and Submitted to Supervisor or Administrator

Type of Action: ? Corrective ? Preventive ? Continual Improvement Policy/Procedure _____

Describe the Problem, Concern or Suggested Improvement & Offer a Possible Solution:

Customer's Signature: _____ Date: _____

Section 2: Completed by Department Supervisor and Submitted to Management Representative

Investigation Assigned to: _____ Date: _____

Root Cause as Identified by Investigator(s): _____

Suggested Actions	Implement Date
Short Term:	
Long Term:	
Other Comments:	

Investigator's Suggested Actions to Correct, Prevent or Improve Situation:

Supervisor Signature: _____ Date: _____

Section 3: Completed by Management Representative

a) Presented to Administrative Staff for Review Date _____

b) Reviewed by Administrative Staff Date _____

c) Suggested Actions to Implement: _____

d) Individual Making Suggestion Notified of Action(s) Date _____

e) Effectiveness of Actions Verified Date _____

f) Suggestion Closed Out Date _____

g) ISO Policies or Procedures Affected: _____

h) Continuous Improvement System Log No.: _____

i) Management Representative Signature _____

Tracking: ? ML Policies & Procedures ? Forms Index ? Work Instructions Index ? ML External Documents ? Staff Notice

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This is a controlled document. Copies of this form must conform to the Forms Index.