CORRECTIVE / PREVENTIVE ACTION REQUEST № AW-

Audit / Inspection Subject:

REFERENCE	PROBLEM REQUIRING CORRECTIVE / PREVENTIVE ACTION

AUDITOR / INSPECTOR: **REVIEW DATE:**

Audit Finding ☐ Inspection Finding ☐ Reported Nonconformity ☐ Other ☐
LEVEL 1 ☐ **LEVEL 2** ☐

CPAR ASSIGNED TO: **DUE DATE:**

PROBLEM ROOT CAUSE Prepared by: Sign:

CORRECTIVE ACTION Prepared by: Sign:

PREVENTIVE ACTION Prepared by: Sign:

ACCEPTANCE OF SUGGESTED CORRECTIVE / PREVENTIVE ACTION BY SCAA

ACCEPTED: YES ☐ **NO** ☐ **NAME:** **SIGNATURE:** **DATE:**

FOLLOW-UP ACTION

STATUS:	DATE:	CLOSED BY (NAME, SIGN):

COMMENTS: