

CORRECTIVE/PREVENTATIVE ACTION REPORT

Related Documents: EMS-0100.004

Division Area: Choose Area	
Author: (Who is typing this C/PAR)	
Personnel Involved: (Who is involved in the incident or identifying the preventative action)	
Date:	
Date Occurred:	Time Occurred:

PROBLEM DESCRIPTION (attach all applicable data sheets, sample results, drawings, photos, etc.)

Personnel Identifying Problem: Type names of personnel identifying problem

Description: Click in this box and type in description of incident and/or why preventative action needs to occur

Root Cause Analysis: Click in this box and type the root cause of the incident or preventative action

Actions Taken and/or To be Taken Click in this box and type the actions taken to prevent this from occurring again noting the date or dates

REVIEW INFORMATION

Management Review Board

Proposed Corrective Actions are Sufficient: Yes No *(If No, complete the corrective action assignee box below)*

Corrective Actions Completed: Yes No *(If No, complete the corrective action assignee box below)*

Corrective Action Assignee: Area of WWTD: _____ Person: _____ Date to be completed: _____ WWTD Superintendent <i>(signature):</i> _____ Comments: _____		Sign-Off for Corrective Action Sufficient WWTD Superintendent _____ Date _____		EMS COORDINATOR	
		Sign-Off for Follow-Up being complete Area Supervisor _____ Date _____		Date Completed	Initial
Corrective Action Number: Enter C/PAR #					