

# PREVENTIVE ACTION

<b>P / A #</b> _____
Assigned by ISO Coordinator

To be completed by the originator:

Name: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

## SOURCES OF PREVENTIVE ACTION

- Management Review    Audit Results    Quality Trends    Customer Complaints

Description of Preventive Action: \_\_\_\_\_

\_\_\_\_\_

*Forward to the ISO Coordinator*

*To be completed by Assigned Authority*

Assigned to: \_\_\_\_\_ By ISO MR: \_\_\_\_\_ Date: \_\_\_\_\_

## POTENTIAL CAUSE ANALYSIS

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PREVENTIVE ACTION DETERMINATION / IMPLEMENTATION

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forward to ISO MR*

Facilities Affected (if any) \_\_\_\_\_

## EFFECTIVENESS

First Verification    Effective    Ineffective   Initials \_\_\_\_\_ Date \_\_\_\_\_

Second Verification    Effective    Ineffective   Initials \_\_\_\_\_ Date \_\_\_\_\_

ISO MR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: *Department Manager affected, ISO MR*