

Corrective Action Form PDF

Date of Report: _____

Employee/Department Affected: _____

Location of Incident: _____

Description of Issue:

Describe the issue that has been identified. Provide details, including specific instances or incidents where applicable.

Immediate Action Taken:

What immediate steps were taken to address the issue?

Root Cause Analysis:

Identify the root cause of the issue to prevent recurrence.

Corrective Action Plan

Action Step	Responsible Person	Completion Date	Verification Date

Follow-Up and Evaluation

Will the corrective actions taken be reviewed? (Check one)

- Yes
- No

Employee Acknowledgment

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____