

Corrective Action Request

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Department: [Your Department]

Subject: Corrective Action Request - [Issue Description]

1. Description of Non-conformance

[Provide a detailed description of the non-conformance issue observed.]

2. Date of Occurrence

[Insert the date the issue was identified.]

3. Impact Assessment

[Describe the potential impact or consequences of the issue.]

4. Root Cause Analysis

[Summarize the root cause analysis conducted, if applicable.]

5. Proposed Corrective Action

[Detail the proposed corrective actions to resolve the issue.]

6. Responsible Person

[Name and title of the person responsible for implementing the corrective action.]

7. Completion Date

[Expected date of completion for the corrective actions.]

8. Follow-up

[Describe how and when follow-up will be conducted to ensure the action was effective.]

9. Signatures

[Signature of the Requester]

[Signature of the Assigned Person]