



CORRECTIVE ACTION FORM
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Company Name		
Base Location	Date (yyyy-mm-dd)	
System or Process of Interest (Worksheet)	Associated Finding Number	File
Factual Review of the Finding Identify what happened, how widespread it is, where it occurred within your operations, and what type of problem it is.		
Root Cause Analysis Identify what type of analysis was used, how it was used to derive root cause(s) and what root cause(s) resulted from the analysis.		

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Proposed Corrective Actions

1. Short-Term Corrective Actions

2. Long-Term Corrective Actions (including an assessment of any induced hazards or risks associated to the implementation of the corrective action(s))

Timelines for Implementation of all Corrective Actions

Managerial Approval Name/Signature

Date (yyyy-mm-dd)

