

Corrective & Preventive Action Plan

Problem <i>(existing or potential)</i>	Description: [] existing [] potential (preventive action)	
	What did you do to fix the immediate problem (if any)?	
	Filled out by:	Date:

→ The section below is filled out by MANAGEMENT

Root Cause <i>(Ask five times "Why")</i>	If there is a root cause that needs correction, what is it?	
Action	What will be done to prevent this from occurring or recurring?	
	Assigned to:	
	Filled out by:	
Results <i>(Allow time for results to be observed)</i>	Has the problem been corrected?	
	Filled out by:	Date:

SAMPLE ONLY