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|  | **Corrective Action Report** | **No. Assigned by [xxx Mgr.]** |
|  | Issue, or potential issue, identified (describe the problem as fully as possible): |  |
| By: Date: | |
| Now pass to [xxx Manager] | |

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|  | **Assignee: Please complete and return this report within 10 working days of receipt** |  |
| **Assignee** | Root cause (Why did it happen or why might it happen?): | |
| Immediate Corrective Action (What will be done now? If no corrective action is to be made, justify the reasons for this.): | |
| Preventive Action (What will be done to ever stop the problem happening or happening again? What changes will be made to the management system?): | |
|  | To be completed by: [date] By: | |
| **[xxx Mgr ] / Originator** | Outcome (What happened?): | |
| Closed By: Date of closing: | |