

To be completed by Initiator

Initiator Name :	Initiator Email :	Date :
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Identified Through (check one) : Daily Operations Management Review Customer Feedback Audit Other (_____)

Description of Problem Area :

Description of Possible Solution (if available) :

To be completed by Preventive Action Coordinator

Assigned to :	Priority : <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	PA # :	Date :
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Solution approval signatures required from :

Comments :

To be completed by Assignee (Attach additional information as necessary)

Relevant background information collected ? <input type="checkbox"/> Yes	Existing processes investigated and understood ? <input type="checkbox"/> Yes
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Summary of Proposed Solution :

Documents Requiring Update :

Solution approval signatures :

To be completed by Preventive Action Coordinator

Documentation Updated ? <input type="checkbox"/> Yes	Has the solution been effective ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Closed :
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Closing Comments : *(If the solution has not been effective, reference the new preventative action form to readdress the problem area.)*