

(CAR)-CORRECTIVE ACTION RECORD

VERBAL ___ WRITTEN ___ CAR NUMBER _____

DATE ISSUED:

To

From:

THE FOLLOWING DISCREPANCY REQUIRES CORRECTIVE ACTION. YOUR CORRECTIVE ACTION RESPONSE SHOULD ADDRESS ITEMS A THROUGH F FOR EACH DEFECT NOTED BY THE COTR:

- A. ROOT CAUSE OF THE DEFICIENCY.
- B. ACTION TAKEN TO CORRECT THE SPECIFIC DEFICIENCY.
- C. ACTION TAKEN TO CORRECT AND PREVENT RECURRENCE OF ROOT THE CAUSE OF DEFICIENCY.
- D. ACTION TAKEN TO DETERMINE IF ANOTHER PRODUCT/SERVICE4 IS AFFECTED BY SAME OR SIMILAR DEFICIENCY AND THE ACTION TAKEN REGARDING SUSCEPTIBLE PRODUCTS/SERVICES

- E. ACTION TAKEN TO CORRECT THE WEAKNESS WHICH ALLOWED DEFICIENT PRODUCT/SERVICE TO BE PROVIDED TO THE GOVERNMENT FOR ACCEPTANCE.
- F. TARGET DATE FOR IMPLEMENTATION OF IDENTIFIED CORRECTIVE ACTION.

PROGRAM OR SERVICE:

SERVICE:

AREA :

QUALITY POC:
ACTION POC

DETAIL OF DEFECT(S) NOTED:

REFERENCES TO CONTRACT

1. Page ___ of ___ of (contract).
- 2.
- 3.
- 4.

CONTRACT REQUIREMENT:

DEFICIENCY (See defect # 1 above)

WILL THIS DISCREPANCY AFFECT PERFORMANCE, SCHEDULES, QUALITY, OR CUSTOMER ATTITUDE ?
YES/NO (CIRCLE)

SUSPENSE DATE FOR ACTION _____
(IF "YES" SEND COPY TO _____)

YOUR CORRECTIVE ACTION RESPONSE SHALL BE SUBMITTED **WITHIN 10 DAYS** OF ISSUE.
USE ADDITIONAL SHEETS OF PAPER IF NEEDED.