



CORRECTIVE ACTION FORM
PART 1 - PAGE 1

Company Name		
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Base Location	Date (yyyy-mm-dd)	
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System or Process of Interest (Worksheet)	Associated Finding Number	File
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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)

**CORRECTIVE ACTION FORM
PART 2**

Company Name	Base Location	Date (yyyy-mm-dd)	File
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System or Process of Interest (Worksheet)	Associated Finding Number
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Transport Canada Response / Comments

CAP Accepted

Proposed Follow-Up: On-Site **OR** Administrative Proposed Follow-Up Date (yyyy-mm-dd)

<input type="checkbox"/> CAP Rejected	New CAP Target Date (yyyy-mm-dd)
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Notes

Inspector's Signature	Date (yyyy-mm-dd)
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Finding Closed: Reason(s)/Follow-Up/Comments

Follow-Up Completed: On-Site **OR** Administrative Date Completed (yyyy-mm-dd)

Date of Closure (yyyy-mm-dd)	Finding Closed By
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