

Form: 004

EXAMPLE CONTRACTOR INTERNAL CORRECTIVE ACTION REPORT

PROGRAM:		TYPE:		Workmanship/Quality		Delivery
				Communication		Scheduling

CAR #:		DATE ISSUED:		DUE DATE:	
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RESPONSIBLE PARTY:		Supervisor		Customer Service
		Project Manager		Scheduler

NUMBER MAJORS:		AREA TYPE(S):	Internal/Employee Complaint
NUMBER MINORS:			Homeowner Complaint
			Program Administrator Complaint
			Subcontractor Complaint
			Inspector/Appraiser or Quality Assurance Finding

BRIEF DESCRIPTION	
MAJOR:	
MINOR:	
ROOT CAUSE:	
INTERIM/SHORT TERM CORRECTIVE ACTION BY BSES:	

PREVENTATIVE/LONG TERM CORRECTIVE ACTION BY BSA:			
OBJECTIVE EVIDENCE e.g. pictures, training records, correspondence, training. (to be completed by area supervisor):			
QA SIGNATURE		MANAGEMENT REVIEW SIGNATURE:	
PRINTED NAME:		PRINTED NAME:	
DATE:	1	DATE:	
PRINT AND DATE CORRECTIVE ACTION REPORT AND RETURN WITH ALL SUPPORTING EVIDENCE TO XXX BY CAR DUE DATE.			