

Preventive Action Record Form

Log Number: _____ Date: _____

To be completed by the initiator

Initiator:	Initiator Email:
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Problem Identified Through:

Daily Operations	Management Review	Customer Feedback	Audit	Other (_____)
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Description of problem Area:

Description of possible solution (if available)

To be completed by the Quality Manager

Assigned to:	Priority: <div style="text-align: center; margin-top: 5px;">High Medium Low</div>	Date:
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Approval Required: Signature:

Completed by assignee (Attach additional information as necessary)

Relevant information Collected? Yes	Existing processes investigated and understood? Yes
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Summary of proposed Solution:

Documents if necessary requiring update:

Completed by Quality Manager:

Documentation Updated? Yes	Has solution Been Effective? Yes	Date Closed
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Closing Comments: *(if the solution has not been effective reference the new PA number to re address the problem area.)*

Approval & Closure: (Top Management or designate)

Signature: _____ Date: Closed: _____