*\*This is meant to be used following the Nonconformance Report*

|  |  |
| --- | --- |
| **Corrective Action**Section filled out by responsible/designated party | **Corrective Action Investigation** |
| Click or tap here to enter text.*\*Reference Nonconformance #. Review the nonconformance. Was the cause previously determined accurate, were there similar nonconformances, could the nonconformance potentially recur, are there other factors that should be evaluated/looked into, etc.?* |
| **Corrective Action Plan** |
| Click or tap here to enter text.*\*What does lab plan on doing and how, to correction the issue and to eliminate/prevent recurrence? Consider risk evaluation, opportunities for improvement, changes to the management system, policies, procedures, methods, environment, etc.* |
| **Has the Customer been Notified?** |
| Choose an item.*\*Retain notification record* |
| **Effectiveness of Corrective Action** |
| Click or tap here to enter text.*\*Did the corrective action plan work? What other things should/could be considered? Are there any follow up measures to take?*  |

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| --- | --- |
| **Quality Assurance Manager approved:** |  |
| **Date approved:** |  |
| **Approved by:**  |  |
| **Title of approver:** |  |
| **Date approved:**  |  |