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## CORRECTIVE ACTION REPORT

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Site ID: \_\_\_\_\_ Audit Date: \_\_\_\_\_

Facility Representative: \_\_\_\_\_ Rep Phone: \_\_\_\_\_

Auditor: \_\_\_\_\_ Auditor Phone: \_\_\_\_\_

### Nonconformance Information

Description of nonconformance:	
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### Corrective Action Information

Root cause: <i>(describe why the non-conformance occurred)</i>	
Corrective Action to be taken: <i>(describe how the root cause of the non-conformance will be addressed; include expected date of completion.)</i>	

Facility Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_