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| **Company Logo Here** | | **Corrective Action Report**  **CAR Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (1) **Date:** | | | (2) **Page\_\_\_\_\_\_ of\_\_\_\_\_\_** |
| (3) **Corrective Action Type:** (Identify all that apply)  Internal  External  Immediate Action  Schedule Impact  Budget Impact  Document  Out of Spec  Out of Tolerance  Material  Contracted Item  Supplied  Purchased  Safety  Other (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| (4) **CAR Prepared By:** (Name, Signature, and Date) | | | (5) **Contact Phone Number** for Block 4 |
| (6) **PO Number:** | (7) **Job Number:** | | (8**) Project Name:** |
| (9) **Description Cause for CAR:** (Identify who, what, when, why) | | | |
| (10) **Specification or Design Requirement Description:** (Identify specific intended requirement) | | | |
| (11) **Affected Documents:** (Identify applicable document numbers related directly to CAR) | | | |
| (12) **Cause of CAR or Nonconformance:** (Provide summary description) | | | |
| (13) **Root Cause and Action to Prevent Recurrence:** (Note cause, if known, with preventative action. Prevention may be in the Corrective Action Plan; see Block 14) | | | |
| (14) **Corrective Action Plan:** (Note or list actions to prevent and correct. If necessary, add a page.) | | | |
| (15) **Signatures and Approvals for Corrective Action in Block 14:** | | | |
| (16) **Project Manager** | (Print Name) | | (Signature & Date) |
| (17) **Superintendent** | (Print Name) | | (Signature & Date) |
| (18) **Project Quality Control** | (Print Name) | | (Signature & Date) |
| **Corrective Action Close-Out** | | | |
| (19) **CAR Initiator** (See Block 4) | (Print Name) | | (Signature & Date) |
| (20) **Project Manager** | (Print Name) | | (Signature & Date) |