

DEPARTMENT:				
<i>Document No: QF-SCAA-AIM-V1.0-07</i>				
RAISED BY:		DATE:	REQUIRED COMPLETION DATE:	
FOR ACTION BY:		Signed by:		
ORIGIN:	Complaint: <input type="checkbox"/>	Audit Finding: <input type="checkbox"/>	Management Review: <input type="checkbox"/>	Other: <input type="checkbox"/>
<u>NON – CONFORMANCE/OBSERVATION DETAILS:</u>				
Major: <input type="checkbox"/> Minor: <input type="checkbox"/>				
<u>INVESTIGATION AND ROOT CAUSE ANALYSIS:</u> (See page 2 for the Root Cause Analysis)				
<u>DETAILS OF CORRECTIVE ACTION TAKEN:</u>				
COMPLETED BY:			DATE:	
CLEARED BY AUDITOR :			DATE:	
ACTION TAKEN EFFECTIVE:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	DATE:	
COMMENTS:				

1. Analyse Problem (Brain Storming)

2. Generate Potential Solutions

3. Select Best Solution

4. Implement Solution

5. Evaluate Solution

Date of Evaluation:

By: