PROBLEM DESCRIPTION
Clearly describe the problem in detail. Provide quantitative identification of the problem and its’ direct effect on customers and the determination of an immediate action to contain the problem.

Note: Attach digital photographs, diagrams, force diagrams, and any other related documentation.

CAP TEAM
Identify the name & title of the persons who will provide the investigation, analysis, and determination of the corrective / preventive actions. Identify the team leader who will be responsible for the Corrective Action / Preventive Action plan.

INTERIM CONTAINMENT ACTION
Describe the actions to be taken by the factory to isolate defective product and implement a temporary measure to isolate the harmful effects of the problem within the process until the problem is solved and permanent corrective actions are taken. Describe the actions to be taken by the factory to effectively correct the affected (isolated) product if possible, or destroy and disposal of product that cannot be effectively corrected.

ROOT CAUSE INVESTIGATION
Define the root cause of the problem and the isolation and verification in the process where the effect of the root cause should have been detected and contained.
SAMPLE Corrective Action Plan

PERMANENT CORRECTIVE ACTION
Based on the engineering experience and the available knowledge of the team members, describe the action items for the best solution as permanent corrective action to remove the root cause.

IMPLEMENTATION OF PERMANENT CORRECTIVE ACTION
Describe the implementation process for the permanent corrective action. Describe how the problem solution will be monitored after implementation of the permanent corrective action to insure process effectiveness.

RECURRENCE PREVENTION
Describe how recurrence of the problem will be prevented.

SUBMITTED BY: ____________________________________________
Factory Signature, Title, Date

APPROVED BY: ____________________________________________
Vendor Signature, Title, Date

REVIEWED BY: ____________________________________________
Lab Signature, Title, Date