



Verification	Originator	Approved	Issued
Initials	ADS	ST	ST
Date	8/15/2014	12/11/2014	12/15/2014

TITLE: COFL-FF-ED-4.5.3-2 Corrective Action Request (CAR)

DEPARTMENT:	
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CAR REPORT #:	
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(Section A. - B. to be completed by Originator)

A. Audit Area Location:			
B. Description of Issue:	Nonconformance: <input type="checkbox"/>	Opportunity for Improvement: <input type="checkbox"/>	
ISO Element Reference:			
Issued to Area Rep.:		Originator:	
Date:		Date:	

(Section C. - E. to be completed by FF Team)

C. Root Cause Description:			
D. Short Term Corrective Action:			
Target Date:		Area Supervisor:	



E. Long Term Preventive Action:

Target Date:		Area Supervisor:	

(Section F. to be completed and signed by the Area Supervisor and Program Manager)

F. Verification:

Date of Completion:			
Area Supervisor:		Program Manager	
<i>Signature:</i>		<i>Signature:</i>	
<i>Date:</i>		<i>Date:</i>	

(Section G to be completed and signed by the Environmental Services Manager (if appropriate)and Management Representative)

G. Issue Resolved (Closed):

Environmental Services Manager:		Management Representative:	
<i>Signature:</i>		<i>Signature:</i>	
<i>Date:</i>		<i>Date:</i>	

Reference: CAR # _____

PAP # _____



Attachments: