

[organization name]

Appendix 2 – Corrective or Preventive Action Form

Corrective/Preventive action no. _____	Corrective action / Preventive action _____
Description of [potential] nonconformity: <i>E.g. Three changes performed last month have not been properly documented</i>	
_____	_____
Cause of nonconformity: <i>E.g. One of the new employees assigned with the Change Analyst role has not been properly trained during on-boarding.</i>	
If similar nonconformity already exists, refer here to its Corrective/Preventive action no.:	
Is it necessary to take corrective/preventive action?: YES – NO _____	

Who must be informed about implemented action: <i>E.g. IT Manager</i>	
_____	_____
Corrective / preventive action implemented on: <i>E.g. 5/15/2020</i>	Signature: _____
_____	_____

Commented [20A1]: Circle the one that applies.

Commented [20A2]: Delete this if you are using this form to register corrective action.

Commented [20A3]: _____

Commented [20A5]: _____

Commented [20A4]: _____

Commented [20A6]: Delete the one that does not apply.

Commented [20A7]: _____

Commented [20A8]: Delete the one that does not apply.

Commented [20A9]: Include the job title of the person that needs to be informed about implemented action.

Commented [20A10]: _____

Commented [20A11]: Delete the one that does not apply.