

* * * PTEC CORRECTIVE ACTION REQUEST FORM * * *

Check one) **QUALITY INCIDENT(s)** _____ **SUGGESTION(s)** _____ **AUDIT FINDING(s)** _____

Date: ____/____/____			CAR No: _____
Source of Request:	<input type="checkbox"/> Internal Audit <input type="checkbox"/> External Audit <input type="checkbox"/> Customer Complaint <input type="checkbox"/> Internal Observation	Area:	<input type="checkbox"/> Instructors <input type="checkbox"/> Management <input type="checkbox"/> Student Testing <input type="checkbox"/> Remediation

WHAT HAPPENED AND ACTIONS TAKEN:

<u>SCOPE FACTORS INVOLVED</u>	<u>SUPPLIER FACTORS INVOLVED</u>
<input type="checkbox"/> Poor communications <input type="checkbox"/> Inadequate training <input type="checkbox"/> Task/time pressure/distractions <input type="checkbox"/> Poor planning <input type="checkbox"/> Directive/Specification <input type="checkbox"/> Equipment problems <input type="checkbox"/> Human Error <input type="checkbox"/> Procedures not followed <input type="checkbox"/> Inadequate procedures	<input type="checkbox"/> Admissions <input type="checkbox"/> Student fees <input type="checkbox"/> Equipment Purchases <input type="checkbox"/> Raw material involved

ORIGINATOR'S SUGGESTIONS TO PREVENT RECURRENCE:

READ AND CARRY TO DROP SLOT IN SCHEDULING OFFICE **Originator:** _____

SEVERITY LEVEL: (To be completed by Coordinator and/or Executive Director)

Information Only 2-Product/system requires work

Needs: a.) Trainer Tutoring _____ b.) Supervisor Feedback _____ c.) Root Cause Analysis _____ d.) Other _____

FOLLOW UP AREA: _____ **ASSIGNEE:** _____ **DATE:** ____/____/____

(Level 2 or 3)

TARGET MAXIMUM COMPLETION TIME IS 60 DAYS

ASSIGNEE CORRECTIVE/PREVENTIVE RECOMMENDATION/ACTION and/or APPROPRIATE STATEMENT:	PTEC COORDINATOR COMMENTS: (Initials: _____)	RECOM. RESP.:	FINAL CLOSURE DATE: (PTEC Coord.)
1)			
2)			
COMMENTS:	QUALITY INSTRUCTOR COMMENTS:		FINAL CLOSURE DATE: Mgt. team)