

**PLASTICS MOLDING COMPANY  
INTERNAL CORRECTIVE/PREVENTIVE ACTION REPORT**

**SCAR #**

INITIATOR: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_

PART#: \_\_\_\_\_

PART NAME: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**Corrective Action**

**Preventive Action**

**D1 Cross Functional Team:**

**D2 Problem Statement:**

**D3 Interim Containment Action(s):**

**D4 Root Cause(s) and Escape Point(s):**

**D5 Chosen Corrective/Preventive Action(s):**

**D6 Verification of Chosen Method(s):** (Note: verification must include quantitative data when appropriate and available.)

**D7 Quality System Change Recommendation(s):**

Has the necessary documentation been updated?	Affected Document	Owner for Update	Date Closed
	PFMEA		
	Control Plan		
	Process Flow		
	Work Instructions		

**D8 Team and Individual Recognition:**

**Date Closed:**

**Reported By:**