

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

CAR #

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: