

# POLYNETICS

F-852-001-A

## Corrective/Preventive Action Request (CPAR)

Department / Supplier		Resp. Mgr. Name:	
Area / Operation:			
Originated by: (Name, Title):			
<b>Non-Conforming Condition</b>	Originator: Name / Date / Signature	Resp. Mgr.: Name / Date / Signature	
<b>Root Cause Analysis</b>		RCA completed by: Name / Date /Signature	
Attach additional documentation if necessary			
Additional nonconforming product identified during investigation of cause?    Yes    No    Identify:			
<b>Corrective / Preventive Action to be Implemented</b>	Originator: Name / date / signature	Resp. Mgr.: Name / date / signature	
Attach any / all necessary documentation to support closure of C/A request:			
Original Due Date:	<b>Effective Closure</b>		Revised Due Date:
Approved:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Defect Code:	Approved:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
CA / PA Originator (Date)		Mgmt Rep. (Date)	
Signature:		Signature:	
<b>Preventive Action Follow up</b>			
Required:    Yes <input type="checkbox"/> No <input type="checkbox"/>	(Date)	Signature:	
P.A. Tracking Number:			