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| **GENERAL** | | | | | | | | | |
| TRACKING# | | | | Source (i.e. Customer Name) | | DATE ISSUED | DUE DATE | | ISSUED BY |
| **SMP** |  | | |  | |  |  | |  |
| **Other** |  | | |
| **TEAM MEMBER(S)** | | | | | | | | | |
| Team Leader: | |  | | | | | | | |
| Members: | |  | | | | | | | |
| **DESCRIPTION OF PART/PROCESS** | | | | | | | | | |
| PART NUMBER / PROCESS NUMBER | | | | | PART NAME / PROCESS NAME | | | | |
|  | | | | |  | | | | |  |
| **DESCRIPTION OF CONCERN (DEFECT / DEFICIENCY)** | | | | | | | | | |
|  | | | | | | | | | |
| **CONTAINMENT ACTION(S)** | | | | | | | | | |
|  | | | | | | | | | |
| **ROOT CAUSE(S)** | | | | | | | | | |
|  | | | | | | | | | |
| **CORRECTIVE ACTION(S)** | | | | | | | | | |
| WHO / DUE DATE | | | ACTION(S) TO BE TAKEN | | | | | DATE COMPLETED | |
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| **CORRECTIVE ACTION IMPACT – PROCESS REVIEW – If applicable (List any impact to related processes, any documents update (i.e. FMEA / Control Plan / SOP / Preventive Actin Steps)** | | | | | | | |
|  | | | | | | | |
| VERIFICATION OF EFFECTIVENESS | | | | | | | |
| **Effective** |  | **Yes** |  | **No** | **Evidence:** |  | |
| **TEAM LEADER SIGNOFF (Digital Name Ok)** | | | | | | | **Date Closed** |
|  | | | | | | |  |