**Requester:** Click or tap here to enter text. **Dept.:** Click or tap here to enter text.

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| **Source: Please indicate by selecting one of the follow:** | | | | | |
|  | **Concern from website** |  | **Process/Procedure** |  | **External Audit** |
|  | **Internal Audit** |  | **Other:** | | |

**\*Vendor related concerns, please use** [**PUR-F009**](file:///Z:\PUR-F009.pdf)

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| **SECTION 1: to be completed by the requestor** |
| **Description of concern: Be factual, objective, and concise and give traceability to issue for follow-up. Attach any background information required for investigation and root cause determination. Please include your recommendation to solve the issue.**  Click or tap here to enter text. |

Please forward hard copy to: Continuous Improvement Coordinator, 621 Gracey Ave., Clarksville, TN 37040.

**Problem Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Respond by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Problem Solver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION 2: to be completed by Problem Owner** |
| **Corrective Action Response:**  **Root cause (problem solver investigates the concern and determines extent/impact of the concern and its root cause. Problem owner ensures that the root cause has been identified.)**  Click or tap here to enter text. |

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| **SECTION 3: to be completed by Problem Solver** |
| Corrective Action/Implementation Plan: Include training and communication requirements, documentation changes and/or process/product/service changes.  Click or tap here to enter text.  **Solver: Is a short term correction required before the long term action is implemented? If so, please indicate what that will be.**  Click or tap here to enter text.  Proposed/Planned Implementation Date of Corrective Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Problem Owner: Initial\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_  Forward to Continuous Improvement Coordinator |

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| **SECTION 4: to be completed by Continuous Improvement Coordinator** |
| **Answer received by Continuous Improvement Office: Date \_\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Implementation verified: Date \_\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Requestor satisfaction verified: Date \_\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Corrective Action Closed and Problem Owner notified: Date \_\_\_\_\_\_\_\_\_\_\_\_Initial\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Notes:**  Click or tap here to enter text. |