



*What action has been, or will be, taken to correct the identified problem or concern?*

Use additional paper as necessary. Attach any relevant records or documents

*Implementation Date of the Above Stated Action: (If applicable)* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Promptly return completed form or contact the Document Control Office (Patsy Everson-Stewart) by the required response date:* \_\_\_\_\_

**SECTION 3: Verification & Closeout Information. For Corrective Action Team Use Only.**

Has the documented action been implemented and is it effective?  Yes  No

Is the original requestor satisfied with the outcome of the action taken?  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Verified and Closed-out by:* \_\_\_\_\_ *Date:* \_\_\_\_\_