

BMX NEW ZEALAND CORRECTIVE & PREVENTIVE ACTION (CAPA) FORM



INITIATOR: Date: Signature:

SEVERITY OF COMPLIANCE:

- SERIOUS (Immediate action must be taken, significant impact Health & Safety)
- MEDIUM (Definite impact on Quality/Environment, action must be implemented within one month)
- MINOR (No significant effect on quality, update relevant procedure(s) and fix as soon as possible)

ORIGIN OF NON-COMPLIANCE:

- AUDIT FINDING (Discovered during Internal or External Audit of Quality System and Procedures)
- SOMETHING HAPPENED (An event has occurred that has had an impact on Quality/Environment)
- SOMETHING COULD HAVE HAPPENED (A System improvement is needed to prevent a problem occurring)

REQUIRED HAZARD / CLOSE CALL OUTCOME:

- MINIMISED BY SUGGESTED IMPROVEMENT (Hazard still there, but likelihood reduced)
- ISOLATED BY SUGGESTED IMPROVEMENT (Hazard still there, but exposure to it reduced or removed)
- ELIMINATED BY SUGGESTED IMPROVEMENT (Hazard removed)

ISSUE DESCRIPTION:

Attach extra notes/info if necessary

DESCRIPTION OF SUGGESTED IMPROVEMENT:

Attach extra notes/info if necessary

CLUB H&S COORDINATOR COMMENT:

Date: Signature:

Person responsible for SOP update/ fix problem

Date responsible person notifies

Date Action should be completed

Procedure/rules updated yes/no Date

By whom

Has the root cause of this issue been addressed by preventative action? Yes/no

Action sign off and Completed Name: Date: