

# FACILITY INSPECTION - CORRECTIVE & PREVENTIVE ACTION (CAPA) FORM



INITIATOR:  Date:  Signature:

EVENT NAME:\*

### TRACK INSPECTION CHECK LIST & CORRECTIVE ACTION TAKEN:

\*Also required following a working bee

- STAGING & START RAMP SAFE: yes / no **COMMENTS**
- FIRST STRAIGHT & BERM 1 SAFE: yes / no **COMMENTS**
- SECOND STRAIGHT & BERM 1 SAFE: yes / no **COMMENTS**
- THIRD STRAIGHT & BERM 3 SAFE: yes / no **COMMENTS**
- FOURTH STRAIGHT & FINISH AREA SAFE: yes / no **COMMENTS**
- ACCESS POINTS & ROADWAYS SAFE: yes / no **COMMENTS**

### 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 DISCRPTION:

Attach extra notes/info if necessary

### DISCRPTION OF SUGGESTED IMPROVEMENT:

Attach extra notes/info if necessary

Person responsible to fix problem :

Date responsible person notified:

Date Action should be completed:

ISSUE REVIEWED & POTENCIAL EXTRA ACTION NEEDED:

Date:  Signature:

Procedure and/or Hazard register updated: yes/no Date By whom

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

Action sign off and Completed  Name:  Date: