



CORRECTIVE ACTIONS PLAN TO CLOSE A NONCONFORMITY

Company name: _____

Person in charge: _____ File number: _____

Issue date mentioned on the report (RCA or RCASU or RCAIN)	
I agree that the nonconformity will be resolved at the latest (date) (the maximum date for the nonconformity to be resolved must be no more than 90 days from the date of issue of the report) (RCA or RCASU or RCAIN)	
Standard # of the nonconformity	

Description of the nonconformity:

Corrective measures that will be put in place before the maximum date:

Signature: _____ Date: _____

Administration
Accepté?
Date d'achèvement acceptée :
Commentaires/Suivi à faire :
Date/Initiales :