



Form: AC-AWS023

FOLLOW-UP CORRECTIVE ACTION FORM

Company Name:		File No.:
Base Location:		Date (dd/mm/yyyy):
Area of Inspection (Checklist):	Finding Number:	Date (dd/mm/yyyy):
Company Short Term corrective action:		
Completion Date (dd/mm/yyyy):		
Company Long Term corrective action:		
Cause of the Problem:		
Proposed Completion Date: (dd/mm/yyyy)		
Representative Name:	Representative Signature:	Date: (dd/mm/yyyy)
SWACAA Response / Comments: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected New C.A.P. Date: (dd/mm/yyyy)		
Inspector Name:	Inspector Signature:	Date: (dd/mm/yyyy)
SWACAA Reason for Closure / Follow-up / Comments:		
C.A.P Tracking form in use: No On-site follow-up required: <input type="checkbox"/> Proposed Date: (dd/mm/yyyy)		
Administratively Closed		Closed pursuant to the Process Long Term Corrective Action Plan process
Date of Closure: (dd/mm/yyyy)	CASORT system updated:	Inspector Name: