Title: Form 4.5.3.1—Corrective/Preventive Action Form Person Responsible for Document: EMS. Rep.	ISO Reference: Element 4.5.3		
	EQUEST NO		
	RRECTIVE ACTION REQUEST FORM		
This is a request for corrective or preventive action. In se			
requirements; the District Ranger or EMS Representative will assist with that determination. This request will be			
closed when adequate corrective action has been implemented and determined to be effective.			
Information about the Concern			
	be filled out by employee.		
Employee name (print):	Date:		
Contact Information (phone/e-mail):			
Finding (use additional sheet/map if necessary):			
Action taken (if any):			
	2		
Employee's Signature:	Date:		
Send form to the EMS Represen	tative and District Ranger/Staff Officer		
Following section to be filled out by District Ranger or Staff Officer			
Is this a Non-conformance? Why or Why not?			
is this a non-comonnance. Why of Why hot.			
If Non-conformance then describe root cause of non-conformance:			
In Non-conformance then describe root cause of non-conformance.			
Short Term Corrective Action (use extra sheet and attach if needed):			
Short Term Corrective Action Assigned to:	District Ranger/Staff Officer Signature indicating completion:		
	Date:		
Due Date:			

The only official copy of this file is the one on the EMS website. Before using a printed copy, verify that it is the most current version by checking the document date on the EMS website.

Title: Form 4.5.3.1—Corrective/Preventive Action F Person Responsible for Document: EMS. Rep.	orm	ISO Reference: Element 4.5.3		
Approved By: Robert J. Leaverton Date:	03/21/2007 RE	QUEST NO	_	
Page 2 of 2 NONCONFORMA	NCF AND COR	PRECTIVE ACTION REQUE	EST FORM	
Long Term Corrective Action (Preve				
Long Term Corrective Action Assign	ned to:	District Ranger/Staff Officer Signatu	re indicating completion:	
		Date:	i e maioating compretioni	
Due Date:	Officer cond form (fi	Iled to this point) to EMS Represe	ntativo	
		out by EMS representative.		
EMS document to be written or revised:				
Assigned to:		EMS Representative Signature indi	cating completion:	
Due Date:		Date:		
	Follow up by E	MS Representative		
Corrective or preventive action has been evaluated and determined to be effective. Method used to verify				
effectiveness may include:				
 Responsible person submitted acceptable evidence (see attached) Follow up audit 				
Other, describe				
			_	
Corrective action accepted:			Date:	
EMS Representative Signature				
			Date:	
Nonconformance Closed:				
Forest Supervisor Signature				

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