

## NONCONFORMANCE AND CORRECTIVE ACTION REQUEST FORM

This is a request for corrective or preventive action. In some cases, this may be a nonconformance with our 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

Following section to 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):

Employee's Signature:

Date:

Send form to the EMS Representative 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?

If 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:

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Long Term Corrective Action (Preventive Action) :

Long Term Corrective Action Assigned to:

District Ranger/Staff Officer Signature indicating completion:

Due Date:

Date:

**Ranger or Staff Officer send form (filled to this point) to EMS Representative.**

**Following to be filled out by EMS representative.**

EMS document to be written or revised:

Assigned to:

EMS Representative Signature indicating completion:

Due Date:

Date:

**Follow up by EMS 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:  
EMS Representative Signature

Date:

Nonconformance Closed:  
Forest Supervisor Signature

Date: