

AFS-600
PREVENTIVE ACTION REQUEST (PAR) FORM

1. Person Initiating PAR: _____ Date: _____
(Complete lines 1 through 3, then route to Branch Manager)

2. PAR Source: Employee Management Review Other: _____

3. Describe the area of Improvement: *Be as specific as possible.*

Attach additional sheet if needed.

4. PAR Number: _____ QPM/ISO Reference: _____

5. Assigned By: _____ Assigned to Develop Recommended Action Plan:

Individual Employee: _____

Process Improvement Team, to include: _____

6. PAR Completion Due Date (include explanation if beyond 60 days): _____

7. Recommended Action Plan: *Developed by assigned Process Improvement Team or individual.*

Attach additional sheet if needed.

8. PAR Completed by: _____ Date: _____

9. Completed PAR returned to Quality Control Officer - Date: _____

10. Management Representative Review:

- Recommended action plan is acceptable and will be implemented as stated.
- Recommended action plan is acceptable and will be implemented with attached modifications.
- Recommended action plan is not acceptable and will be returned to PIT Group/individual.

11. Verified for Effectiveness by: _____ Date: _____