This form indicates that actions were made outside the policy procedures. A written Corrective Action Plan is required and each corrective action must be documented in this deviation form. Corrective actions are specific for each hazard and for each written policy. Once a deviation of policy protocol occurs immediate corrective actions must be taken. The cause of the deviation will be corrected and modifications may be made to prevent recurrence. It is imperative that actions be taken and that they be documented.

|  |  |
| --- | --- |
| **Employee Name:** | **Date:** |
| **Description of deviation that occurred** (please add location, time and date of occurrence) | |
| **Corrective action(s) taken to address this deviation** | |

Employee signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quality Control Supervisor signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_