4.5.2 Corrective and Preventive Action Report (CPAR)

Prepared by: DPPEA EMS Management Team
Approved by: Gary H. Hunt, Division Director

Signature: ________________________________

Revision #: 1
Origination Date: 5/9/03
Revision Date: 
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CPAR Author (Who is completing this CPAR.):

Date of CPAR Submittal:

Division Activity/Area of Incident:

Date/Time Incident Occurred:

Personnel Involved in Incident:

Personnel Identifying Incident:

Source of Incident Identification (e.g., staff observation, audit result, management review results, etc.):

Incident Description: (Describe the incident and why corrective/preventive action is needed. Attach all applicable information.):

Root Cause Analysis of Incident: (Discuss the reason for the incident):

Corrective/Preventive Actions: (Type the actions taken to prevent the incident from occurring again noting the completion date.):

Information Review – EMS Management Team Review
Proposed Corrective Actions Sufficient: Yes   No (If No, complete the corrective action assignment box below.)

Corrective Actions Completed: Yes   No (If No, complete the corrective action assignment box below.)

Corrective Action Assignment

Division Activity/Area:
Responsible Staff Person:
Corrective Action to be Taken:
Date to be Completed:
EMS MT Signature:

Signature Confirmation that Corrective Action was Sufficient

Division Director:
Date:

Signature Confirmation that Corrective Action had Completed Follow-up
Corrective Action Number:
Date Fully & Submitted Completed:
EMS MT Signature:
Comments:

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