

CORRECTIVE ACTION NOTIFICATION FORM

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This form is used to document issues that may impact or potentially impact data quality, completeness, storage, or reporting.

Issued by:

SECTION I: (to be completed by Initiator)

Issued to:	Date:	
Subject:	Agency:	
Reason for Corrective Action Notification (continue on an attachment if needed):		
Start Date & Time:	End Date & Time:	Estimated? <input type="checkbox"/>
Parameter(s) affected:	Expected Completion Date: (*Up to 45 days from Initiation Date)	
Supervisor:	Date:	

SECTION 2: (to be completed by responsible section or organization)

Corrective Action Taken (continue on an attachment if needed):	
Action taken by:	Date:

Resolution (continue on an attachment if needed): (*Include changes to prevent recurrence, and any effect on data)	
Resolved by:	Date:

Forward to: PQAQ Point of Contact; PO BOX 2815, Sacramento, California 95812; QA@arb.ca.gov

For questions regarding the CAN process, contact QA@arb.ca.gov

CAN # assigned (For QMS use only):
