

NAMI MANUFACTURER'S CORRECTIVE
ACTION FORM

Upon completion, forward or fax this form along with supporting documentation to:

NAMI
4794 George Washington Memorial Highway
Hayes, VA 23072
Fax-804.684.5122

Company Name: _____
Mfg Code: _____ **Date:** _____
NAMI Inspector: _____
Mfg. Representative: _____

Outline Problem: _____

What Caused Problem to Occur: _____

Describe Corrective Action Taken: _____

Describe Preventive Action Taken to Prevent Future Problem: _____

Form Completed By (Print): _____
Signature: _____
Date Completed: _____

NAMI SECTION ONLY

Inspection Report Number Assigned: _____

Describe what further action is required: _____

Action Approved: () **Further Action Required:** () **Action Denied:** ()

NAMI Authorized Signature: _____ **Date:** _____