

EMCBC CORRECTIVE ACTION CLOSURE FORM	
Report Title:	
Report Date:	Report Issue Number:
<input type="checkbox"/> Deficiency <input type="checkbox"/> Observation	
Deficiency/Observation Title:	
Deficiency/Observation Description:	
Deficiency/Observation Basis:	
Deficiency/Observation Discussion:	
CATS Tracking Number:	
Cause Code:	
<input type="checkbox"/> Design/Engineering Problem <input type="checkbox"/> Equipment/Material Problem <input type="checkbox"/> Human Performance <input type="checkbox"/> Management Problem <input type="checkbox"/> Communication <input type="checkbox"/> Training Deficiency <input type="checkbox"/> Other Problem	
Planned Corrective Action(s) / Responsible Party / Due Date:	
Evidence of Corrective Action(s) Completion Provided by Responsible Party:	
Closure Validation/Verification Action(s):	
Closure Validation Name:	Closure Validation Date:
Closure Validation Signature:	
Responsible Manager Name:	Date Closed:
Responsible Manager Signature:	