



Non-Conformance/SCAR Corrective & Preventative Action Report



Location: Precinct # _____	Clerk/Assistant Clerk Print Name: _____	<i>Note: Date and Time are the Tracking Number.</i> Date: ____/____/20____ Time: ____:____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Name(s)/Issue/Equipment Involved: _____ Voter Name if Voter involved: _____		
Non-Conforming Condition: (Give a detailed explanation.) _____ _____ _____ _____ _____ _____ _____		

STOP - SOE or Quality Assurance Management Team Member(s) (QAMTM) only!			
Findings Root Cause: (Give a detailed explanation.)			Date: ____/____/20____
_____ _____ _____ _____			
Does this require Corrective Action?	NO <input type="checkbox"/>	No Follow-up Required Stamp and scan into ARC folder Date: ____/____/20____	QA Stamps (2)
	YES <input type="checkbox"/> CONTINUE	<input type="checkbox"/> Training Required <input type="checkbox"/> Counseling Required <input type="checkbox"/> Other	
	Give detailed Corrective Action comments on back.		



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STOP - SOE or Quality Assurance Management Team Member(s) (QAMTM) only!

Detailed Corrective Action Comments		QA Stamps (2)	

Preventative Action: Give a detailed explanation below.

		QA Stamps (2)	

FOLLOW – UP CLOSURE OF REPORT prior to Election Certification. ****Maintain paper record for retention period of election.		QA Stamp	QA Stamp

Was Action Taken effective?	NO <input type="checkbox"/>: Give detailed explanation below	Date: ___/___/20___		
			QA Stamps (2)	
	YES <input type="checkbox"/>:	<input type="checkbox"/> Stamp Final Action Complete <input type="checkbox"/> Scan into ARC folder with any relative forms.	End Date: ___/___/20___	
FINAL ACTION –REPORT CLOSED		QA Stamps (2)		