

**REDACTED**

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## Investigation and Corrective Action Plan

Mo/Yr

Revisions					Rev:	
Letter	E.O. Number - Description				Date	
Used On	Contract#:		<b>Your Company Name</b>			
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Your Dept:	Date					
Your Dept:	Date	<b>YOUR PROGRAM</b>				
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## 1.0 Introduction

Describe [REDACTED]

## 2.0 Deficiency

Describe [REDACTED]

## 3.0 Cause of Deficiency

Describe [REDACTED]

## 4.0 Investigations

Describe in detail [REDACTED]

## 5.0 Corrective Actions

Describe [REDACTED]  
[REDACTED]  
[REDACTED]

## 6.0 Recommendations

Describe [REDACTED]  
[REDACTED]

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