

1. IMPROVEMENT OPPORTUNITIES REPORT DETAILS - Originator to complete		
<input type="checkbox"/> Environment	<input type="checkbox"/> Safety	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> NON CONFORMANCE		<input type="checkbox"/> COMPLAINT
<input type="checkbox"/> IMPROVEMENT OPPORTUNITY		<input type="checkbox"/> POSITIVE RECOGNITION
Raised By:	Site:	Date:
Description – Describe the issue, event or improvement opportunity identified?		

Corrective Actions			
What action is required to eliminate cause or prevent further recurrences?	Priority	Responsibly	Date Complete
1.			
2.			
3.			
4.			
Actions Approved By:		Date:	

Management Review – Manager to Complete	
Identify the results of action taken: Was the action effective in addressing cause? If No, what action is taken?	
Actions Approved By:	Date:

Close Out – How has the IOR corrective actions been reviewed? Are the controls effective?

Other Comments: