

Corrective/Preventive Action Request/Work Order		Select One:
____ Immediate Action	____ Hold for Meeting	Work Order CPAR
Refer to: Audit Finding/Comment <input type="checkbox"/> Other <input type="checkbox"/>		
Prepared by:		Date:
Describe Problem:		Possible Solutions:
What is the suspected cause?		
How was it discovered?:		
By whom?		Date of Discovery:
ACTION TAKEN		
What is the root cause? (more room on back)	Date started:	Date completed:
	Type: <input type="checkbox"/> Air <input type="checkbox"/> Leachate <input type="checkbox"/> Groundwater <input type="checkbox"/> Cons. Practice <input type="checkbox"/> Maintenance <input type="checkbox"/> Other	Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Deferred
How was the problem resolved?	Attach map, reference points, coordinates, description on location.	
	Significant Aspect:	
Who performed the work?:		Iowa EMS: <input type="checkbox"/> EMS Element # _____ <input type="checkbox"/> Education <input type="checkbox"/> GHG <input type="checkbox"/> HHW <input type="checkbox"/> Recycling <input type="checkbox"/> Water Quality <input type="checkbox"/> Yard Waste <input type="checkbox"/> Other <input type="checkbox"/> Health/Safety
Future action necessary to prevent recurrence:		
Benefit of compliance:/Consequence of non-compliance:		
Print Name and Initial:		Close Date:

Return this form to _____