

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

Return this form to \_\_\_\_\_