

**PREVENTIVE ACTION PLAN/REQUEST FORM**  
**Clarksville-Montgomery County School System**

Preventive Action Control Number: \_\_\_\_\_ Date Received: \_\_\_\_\_  
(Assigned by Process Management Office)

**ISSUE:**

Potential Problem/Problem and/or Pattern of Non-Conformance and Cause(s):  
(If we don't do this what could/would happen?)

Necessary and/or Recommended Action to Prevent Occurrence of Non-Conformities:

Implementation Schedule and Resources Needed:

Review of effectiveness of Implemented Action: