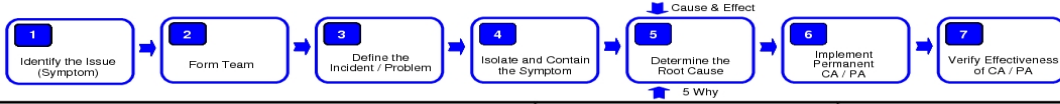


**CORRECTIVE/PREVENTIVE ACTION AND  
ROOT CAUSE ANALYSIS (CA/PA-RCA) WORKSHEET**

**NORTHROP GRUMMAN**



|   |           |  |          |
|---|-----------|--|----------|
| CA/PA-RCA NO.   |           | DATE ISSUED  | DATE DUE |
| CA/PA-RCA ORIGINATOR  |           | TELEPHONE  |          |
| <b>SUPPLIER (EXTERNAL)</b>  |           |  |          |
| SUPPLIER NAME   |           | SUPPLIER NUMBER  |          |
| SUPPLIER CONTACT  |           | TELEPHONE  |          |
| PURCHASE ORDER NUMBER   |           | P.O. ITEM NUMBER   |          |
| <b>NORTHROP GRUMMAN (INTERNAL)</b>  |           |  |          |
| DEPARTMENT NAME   |           | DEPARTMENT NUMBER  |          |
| CONTACT NAME  |           | TELEPHONE  |          |
| <b>STEP 1: IDENTIFY THE ISSUE (SYMPTOM)</b>   |           |  |          |
| IDENTIFY THE ISSUE WHICH REQUIRES CORRECTIVE ACTION (CA) / PREVENTIVE ACTION (PA) AND ROOT CAUSE ANALYSIS (RCA) - (CA/PA-RCA)   |           |  |          |
| TAG/DEFECT REPORT NUMBER  |           | DATE INITIATED   |          |
| PART NUMBER   | PART NAME | QTY  |          |
| SOURCE OF INCIDENT/PROBLEM  |           |  |          |
| <input type="checkbox"/> EXTERNAL <input type="checkbox"/> PROCESS IMPROVEMENT <input type="checkbox"/> OTHER _____<br><input type="checkbox"/> INTERNAL <input type="checkbox"/> INCIDENT REPORT |           |  |          |
| CUSTOMER  |           | PROGRAM  |          |
| PROCESS OWNER / SUPPLIER REPRESENTATIVE   |           | PRODUCT(S) / PROCESS(ES) / SERVICE(S) AFFECTED           |          |
| MISSED EFFECTIVITY  |           | SAFETY AFFECTED  |          |
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |           | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| IF YES, PROVIDE DETAILS   |           | RECURRING ISSUE  |          |
|   |           | <input type="checkbox"/> YES <input type="checkbox"/> NO |          |
| DOCUMENTED REQUIREMENT (S) (LIST STANDARD/SPECIFICATION/PROCEDURE/WORK INSTRUCTION, ETC.)   |           |  |          |

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