# Root Cause Analysis (RCA) Form

## 1. Incident Information

Date of Incident:   
Time of Incident:   
Reported By:   
Location of Incident:   
Test Failed:   
Details of Failure:

## 2. Immediate Response

Containment Actions Taken:

[ ] Affected linens isolated  
 [ ] Affected area marked  
 [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 3. Notification

Internal Stakeholders Notified:

[ ] Management  
 [ ] Quality Control  
 [ ] Laundry Processing Team

External Notification:

[ ] Clients (if applicable)  
 [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 4. Investigation

Investigation Lead:   
Team Members:   
Investigation Start Date:   
Investigation End Date:

### Process Controls

Any deviations or failures in SOPs?  
 [ ] Yes  
 [ ] No  
Details:

### Equipment Performance

Equipment checked for malfunctions or maintenance issues?  
 [ ] Yes  
 [ ] No  
Details:

### Chemical Usage

Correct type and amount of chemicals used?  
 [ ] Yes  
 [ ] No  
Details:

### Environmental Factors

Any environmental factors (e.g., water quality, temperature)?  
 [ ] Yes  
 [ ] No  
Details:

Root Cause(s) Identified:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 5. Corrective Actions

Corrective Actions Taken:

[ ] Process Adjustments  
 [ ] Staff Retraining  
 [ ] Equipment Repair/Calibration  
 [ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Corrective Actions:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 6. Retesting

Verification Testing Conducted:  
 [ ] Yes  
 [ ] No  
Results of Verification Testing:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 7. Preventive Measures

Preventive Action Plan Developed:  
 [ ] Yes  
 [ ] No  
Details of Preventive Measures:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitoring Plan Established:  
 [ ] Yes  
 [ ] No

## 8. Reporting and Review

Report Prepared By:   
Date of Report:   
Report Reviewed By:   
Date of Review:

## 9. Client Communication

Follow-Up Communication Sent:  
 [ ] Yes  
 [ ] No  
Details of Communication:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 10. Compliance and Certification

HLAC Compliance Verified:  
 [ ] Yes  
 [ ] No  
Documentation Complete:  
 [ ] Yes  
 [ ] No

## Additional Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signatures:

Investigation Lead:   
Date:

Management Approval:   
Date: