# 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:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## 5. Corrective Actions

Corrective Actions Taken:

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

Details of Corrective Actions:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## 6. Retesting

Verification Testing Conducted:
 [ ] Yes
 [ ] No
Results of Verification Testing:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## 7. Preventive Measures

Preventive Action Plan Developed:
 [ ] Yes
 [ ] No
Details of Preventive Measures:
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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:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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## 10. Compliance and Certification

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

## Additional Notes:

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## Signatures:

Investigation Lead:
Date:

Management Approval:
Date: