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|  | New Course |  | Existing Course Revision | From Rev : | - | To Rev: | A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course Number | QUALITY072\_OLT | Rev | : A | Training Hours: | N/A |

*Numbers for new courses will be assigned by HRMS Team If applicable. Training length to be used for*

*(30 character space limit) Credit hours, Contact Hours, CPE Hours*

|  |  |
| --- | --- |
| Name of course: | How to Create a Corrective Action Record |

*100 character space limit*

|  |  |
| --- | --- |
| Course Description: | This course defines the process for how to submit a corrective action record in the corrective action database. |
| *What does the course provide to the employee?* |  |
| *10,000 character space limit* |  |

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| --- | --- | --- | --- |
| Frequency /  Retraining Setting | Initial/Upon Revision | Training Type | |
| 12 months | OLT | ILT |
| *How often the training is needed* | 24 months | *On Line Training* | *Instructor Led Training* |
| 36 months |

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| Set up: | Read & Acknowledge | Instructor Led |
| Read & Test | Skills Evidence: | Yes | No |
|  | Watch & Acknowledge |  |  |  |

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| Material Location: | Liz will provide link to doc on QMS when ready | | |  |  |
|  | *HTTP address for course materials, procedures, work instructions, etc. Cannot be a network drive.* | | | |  |
| Instructor /  Contact person: | Justin Pawlicki | | | |
|  | *Internal contact for arranging training.* |  |  | |

Select the appropriate Catalog/ Subject areas:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EHS |  |  | Product Development |  |
|  | Engineering |  |  | Quality |  |
|  | Human Resources |  |  | Sales |  |
|  | Management |  |  | Service |  |
|  | Manufacturing |  |  |  |  |
|  | Marketing |  |  | First Responder |  |
|  | Materials |  |  | Facilities |  |

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| QMS System | | Core Quality: Corrective Action | Scope: | Eden Prairie, Field |
|  | Where training applies, e.g. location, sites, manual coverage | | | |

|  |  |  |
| --- | --- | --- |
| Legal/ internal requirement: |  |  |

*If applicable*

|  |  |  |
| --- | --- | --- |
| Aspect/Hazard: |  |  |

*For EHS courses*

|  |  |
| --- | --- |
| Job Title/ Role /  Target Audience: | Will provide list when ready. |
|  | *Who will be assigned this training* |

**Approval:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| Manager Signature | | Function | | Date |