



CKCA Certification Testing Program - Corrective Action Form

The following shall be completed by the manufacturer

CKCA CERTIFICATION TESTING PROGRAM	
CORRECTIVE ACTION FORM	
SECTION A (Please complete and fax and mail to CKCA Certification Program office)	
Name of Company (Please print)	Date (dd/mm/yyyy)
Name of Contact Person	Telephone ()
Title	Fax ()
E-mail (if applicable)	Cellular (if applicable) ()
Name of Testing Agency	
Name of Contact Person	
Telephone ()	Fax ()
Testing Program Information	
Please review and ensure that all of the following are complete prior to submitting samples for test.	
Report/Testing Program Reference Number	Date(s) Tested
Reason(s) for Failure (Please describe and/or attach report)	
Corrective Action (Please describe and submit required supporting evidence or documentation)	
For Office Use Only (to be completed by the CKCA Certification Head Office)	
Corrective Action Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	If Corrective action is not approved, please complete additional Corrective Action or Appeal Form(s)
Signature of CKCA Officer	X
Date (mm/dd/yyyy)	
Please fax and mail completed registration to: CKCA Certification Testing Program Canadian Kitchen Cabinet Association, 130 Albert Street, Ottawa, ON, K1P 5G4, Tel: 613-567-9171, Fax: 613-567-4664	