



First Class Air Support, Inc
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Louisville, KY 40299
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DISCREPANCY AND CORRECTIVE ACTION REPORT

DATE _____ REC DATE _____
P/N _____ S/N _____
DESC _____ REC. INSP. _____
COMPANY NAME _____ CONTACT _____
QUARANTINE YES NO

NATURE OF DISCREPANCY(DETAILED)

RECOMMENDATION (QUALITY MANAGER)

CORRECTIVE ACTION

FOLLOW- UP REQUIRED YES NO DESCRIBE BELOW AS REQUIRED

QUALITY MANAGER

COMPLETION DATE