

INSTRUCTIONS TO COMPLETE CPAC FORM 5
(QUALITY ASSURANCE AFTER-ACTION REPORT)

1. MEF AND LOCATION: _____

2. WEEK OF: _____

3. QUALITY ASSURANCE REP: _____

4. QUALITY ASSURANCE RESULTS ON EQUIPMENT SERVICED:

		# OF ASSETS			
DATE	UNIT(S) VISITED	SERVICED BY CST	REVIEWED BY QAR	REWORK IDENTIFIED	REWORK VERIFIED
(a)	(b)	(c)	(d)	(e)	(f)
TOTALS		(g)			

5. **QA TECHNICAL AND OPERATIONAL COMMENTS:** The areas discussed below provide information on the Operational and Technical procedures and concerns encountered, corrected, or require action from the CPAC Office:

A. EQUIPMENT ASSESSMENTS:

B. SURFACE PREPARATION AND TOUCH-UP PROCEDURES:

C. APPLICATION OF CPC(s):

D. SAFETY:

E. CST WEEKLY TRAINING:

F. ADDITIONAL COMMENTS:

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Purpose: To provide information weekly to the CPAC Program Office.

Preparation Instructions: Complete blocks as listed below by providing comments that will assist the program office in improving the services provided to the operating forces:

1. **MEF/LOCATION:** Provide the MEF and Location, (e.g., “II MEF Camp Lejeune”, “MARFORRES Erie, PA”). Mobile Corrosion Repair Facility Teams will include “/MCRF”, (i.e. MARFORRES Erie, PA/MCRF).

2. **WEEK OF:** Provide the period covered (e.g., “09-13 Sep 13”).

3. **QUALITY ASSURANCE REP (QAR):** Enter the full name of QAR.

4. **QUALITY ASSURANCE RESULTS ON EQUIPMENT SERVICED:**

(a) **DATE:** Enter day and month, (e.g., “09 Sep”).

(b) **UNIT VISITED:** Enter the unit name (e.g., “26TH MEU/CRF”).

(c) **SERVICED BY CST:**

1. For those sites where a QAR is assigned indicate the number of assets serviced by CST for that day.

2. For those sites where a QAR is not permanently assigned but instead a visit is being conducted to evaluate quality of services, indicate the same number as entered in the “**REVIEWED BY QAR**” block for the given day. These sites will primarily be MARFORRES sites however; this applies to any site where a QAR is not present throughout the service period. Prior to the visit the QAR will extract an updated Unit Report from the MEF CPAC Program Database for use in identifying assets that require QA. The physical asset should be marked as serviced per CPAC Policy Clarification Letter 11-09 however; the Unit Report will be used to ensure that QA is performed on all assets reported as serviced by the CST. Only those assets reported as serviced will be evaluated during these visits. Additional comments will be provided in appropriated areas of the QAR report if reportable discrepancies are noted.

(d) **REVIEWED BY QAR:** Indicate the number of serviced assets reviewed by QAR for that day. (This figure does not have to equal 100% unless noted discrepancies warrant an “All Asset Inspection”.)

(e) **REWORK IDENTIFIED:** Indicate the number of serviced assets reviewed by QAR that require additional work/rework by the CST. The rework must be identified to the CST Lead and discussed during weekly training to prevent future recurrences. Additional comments required in “BLOCK F” indicating that the rework areas were discussed with the team.

(f) **REWORK VERIFIED:** Indicate the number of reviewed assets from the “Rework Identified” column that were corrected and accepted by the QAR.

(g) **TOTALS:** Indicate the total for each column.

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5. QA TECHNICAL AND OPERATIONAL COMMENTS: Provide comments on the Operational and Technical procedures and concerns that were encountered, corrected, or require action from the CPAC Program Office. Comments will be provided in bullet format for each of the bullets listed in items 5 (a) through 5 (f). Your comments represent the program office and should be documented in a professional manner focused on improving our processes and procedures.

A. EQUIPMENT ASSESSMENTS:

- Provide comments concerning the CST assessment procedures and if they are completed in accordance with Program Office approved policies and procedures (see below).

If no discrepancies are noted the following bullet will be used: (*)

- Observed ___ CST members conducting corrosion assessments throughout the week without any noted discrepancies.

If discrepancies are noted the following bullet will be used: (*)

- Observed ___ CST member(s) conducting corrosion assessments with noted discrepancies by ___ CST member(s) (provide CST member names). Hip pocket training was provided on the _____, _____ (e.g., collection of miles/hours, use of data plate, etc.) for these/this team member to correct the inaccurate data collection practices observed.

B. SURFACE PREPARATION AND TOUCH-UP PROCEDURES:

- Provide comments concerning the completion of Surface Preparations and Touch-Up and whether completion is in accordance with Program Office policies and procedures.
- Provide comments if surface preparation was not performed during the week.

C. APPLICATION OF CPC(s):

- Provide general comments on the application of CPC(s) and if the policies and procedures are being followed.
- Ensure that comments are provided on any items identified in the “REWORK IDENTIFIED” column due to poor or incomplete applications.
- Provide observations on CST Members technical abilities and understanding of application policies and procedures (see below).

If no (ZERO) Rework is identified in Item #4 the following bullets will be used: (*)

- CPC application policies and procedures are being followed.
- Rework areas: None
- All team members are knowledgeable of and understand application policies and procedures.

If Rework is identified in Item #4 the following bullets will be used: (*)

- CPC application policies and procedures are being followed, except:
- Rework areas; T-32 on fasteners, spot welds and random nuts/bolts.

D. SAFETY:

- Provide comments concerning the use of PPE and safety practices (both good and bad).

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- Provide comments on the condition of the CST work site and equipment and if the work site and equipment are maintained in a clean and safe operational condition (see below).

If no discrepancies are noted then following bullets will be used: (*)

- CST work site and equipment are being maintained in a clean and safe operational condition.

If discrepancies are noted with either the work site or equipment then the following bullets will be used: (*)

- The CST work site and/or equipment are/is not being maintained in a clean, safe and well organized manner. The areas requiring corrective action have been discussed with the Team Lead and FSR.

E. CST WEEKLY TRAINING:

- If observed, comment on the training topic, length and quality of the training, delivery method and instructor.
- Provide comments on topics covered by QAR on trends; rework areas; incorrect or unauthorized application procedures; surface preparation and touch-up procedures and any other areas observed during the week.
- If the QAR is unable to observe weekly training then a statement must indicate that the QAR did not attend weekly training.

F. ADDITIONAL COMMENTS NOT ALREADY COVERED: Enter any comments that should be provided which are not already covered above. Additional comments will be provided in bullet format using the examples below or by adding additional comments as necessary.

REQUIRED ADDITIONAL COMMENTS:

- ____ Man-hours spent completing preventive maintenance on Service Team Equipment.
- The following assets were repaired by CRF / Mobile CRF and require rework on the following areas. These assets have been passed to the CPAC Program Office for action.
 - Serial number 345678 for defective coating on bed area...
- ____ (List Equipment Nomenclature) was serviced but not assessed as requested by the unit and approved by CPAC Program Office.
- The information contained in this report has been discussed with the team lead for continued success.

ADDITIONAL COMMENTS IF APPROPRIATE FOR THE WEEK:

- Reviewed CPAC Clarification Letter 1-08 with the team members.
- Provide any comments (good/bad) received from the equipment owners during this period.
- No work on Friday by the CST due to inclement weather.