3Cs Problem Solving

Department / Area			Session Lead		Next Review Date		
Date	**Raised By** (Initials)	**Concern** (What is the problem?)	**Cause** (Why is it happening?)	**Countermeasure** (Problem Solution)	**By Whom**	**By When** (Date)	**Status**
							Not Started ☐ In Progress ☐ Complete ☐
							Not Started ☐ In Progress ☐ Complete ☐
							Not Started ☐ In Progress ☐ Complete ☐
							Not Started ☐ In Progress ☐ Complete ☐
							Not Started ☐ In Progress ☐ Complete ☐
							Not Started ☐ In Progress ☐ Complete ☐