

Corrective Action Request (CAR)

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|--|--|-----------------------------|----------------------------|
| 1. CAR No.: | | 2. AUDIT DATE: | |
| PART I - ORIGINATOR | | | |
| 3. ORIGINATOR | | 4. PHONE | 5. E-MAIL |
| | | | |
| 7. <input type="checkbox"/> If Non-conformance is existing, check for Corrective Action <input type="checkbox"/> If Non-conformance is potential, check for Preventive Action <input type="checkbox"/> Audit Non-conformance – Report No | | 8. AUDITOR/S | |
| | | 9. PHONE | |
| 10. REQUIREMENT | | | |
| 10A. Document: | | | |
| 10B. Revision Level: | | | |
| 10C. Reference Paragraph: | | | |
| 10D. Requirement: | | | |
| 11. DESCRIPTION OF DISCREPANCY (existing or potential) | | | |
| 11A. Objective Evidence: | | | |
| 11B. Level | | I | II |
| 11C. Estimated Closure Date | | <u>SIGNATURE</u> | <u>NOTE</u> |
| PART II – PROPOSED ACTION | | | |
| 12A. RESPONSIBLE DIRECTORATE | | E-MAIL | PHONE |
| | | | FAX |
| 12B. RESPONSIBLE MANAGER | | E-MAIL | PHONE |
| | | | FAX |
| 13 ROOT CAUSE (or Analysis for Preventive Action) | | | |
| | | | |
| 14. PROPOSED CORRECTIVE ACTION (if required) | | | |
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| 15. PROPOSED PREVENTIVE ACTION (if required) | | | |
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| PART III – RESPONSE | | | |
| 16. ACTION TAKEN | | | |
| | | | |
| PART IV – CLOSE OUT | | | |
| 16A. RESPONSIBLE MANAGER CLOSE OUT SIGNATURE | | | DATE |
| | | | |
| 16B. RESPONSIBLE DIRECTORATE CONCURRENCE | | | DATE |
| | | | |
| PART V – VERIFICATION | | | |
| 17. WAS THE ACTION TAKEN EFFECTIVE? | | 18. REASON | 19. NEW CAR (if necessary) |
| <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |
| 20. INTERNAL AUDITOR SIGNATURE | | | DATE |
| | | | |