

CORRECTIVE ACTION REQUEST (CAR)

CAR NO. : _____ ISSUED BY : _____ ISSUED DATE : _____

DEPARTMENT : _____ SECTION / AREA : _____

RELATED TO Internal Audit Production Customer's Complaint CLAUSE : _____

DETAILS OF NONCONFORMITY :

Signature : _____ Auditor / QMR Signature : _____
 Department / Section Representative

CONTROL OF NONCONFORMITY: (IF ANY)

Method of Control _____

Signature : _____ Authorized Person Date : _____

CAUSE OF NONCONFORMITY / CORRECTIVE ACTION TAKEN TO PREVENT RECURRENCE :

Causes Of Nonconformity _____

Corrective Action : _____

Date of Completion : _____

Signature : _____ Reply Date : _____
 Department / Section Representative

VERIFICATION OF CORRECTIVE ACTION :

Follow Up Details : _____

Summarize : Complete & CAR Close Out Incomplete & Reference CAR No. _____

Signature : _____ Date of follow up : _____
 Auditor / QMR