



## CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO. \_\_\_ OF \_\_\_

<b>ORGANIZATION:</b>	
<b>AUDIT DATE:</b>	<b>AUDIT No:</b>
<b>DEPARTMENT:</b>	<b>Clause of criteria document:</b>
<b>AREA UNDER REVIEW:</b>	<b>NON CONFORMITY No. ___ of ___</b>
<b>EVIDENCE AND REQUIREMENT (AUDIT NON CONFORMITY)</b>	
<b>Requirement:</b>	
<b>Nonconformity/evidence:</b>	
Signed: Auditor _____ Auditee _____	
<b>CATEGORY:</b> Major <input type="checkbox"/> Minor <input type="checkbox"/>	
<b>ROOT CAUSE:</b>	
<b>CORRECTION (as applicable):</b>	
<b>Corrective action to be taken to prevent recurrence :</b>	

Signed : Auditee \_\_\_\_\_ Date of Completion \_\_\_\_\_

Auditor \_\_\_\_\_ Date of completion \_\_\_\_\_

Follow up (to be completed by the auditor):

Action fully Completed:

Action partially completed:

No Action taken

Details:

Signed.....

Auditor

Name

Date

Signed.....

Auditee

Name

Date

Effectiveness of corrective action (to be completed at follow up for Major NCs and during the next audit for Minor NCs)

Was the corrective action taken effective? : Yes [ ] No [ ]

Details:

Signed.....

Auditor

Name

Date

ISSUED BY: MANAGEMENT REPRESENTATIVE

CUEA/VC/MR/03/fm03