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| **CORRECTIVE ACTION REQUEST** |
| **Section A** |
| **Person Submitting** **Request:** |  |  |  |  |  | **Issue Date:** |   | **2. CAR #:** *(Assigned by QM)*  |  |  |
| **Customer or Supplier info:** *(if applicable)* |   |   |   |   |   | **Contract#:** |   |   |  |
|  | **PO#:** |   |   |  |
| **Description:** |  |
| **CATEGORIES** *(check one)* |
|  |   | Internal Audit |   | (ref. Element #) |   |  |  |   | Management Review |  |   |   |   |   |   |   |   |   |   |
|  |   | External Audit | (ref. Element#) |   |  |  |   | Partner |   |   |   |   |   |   |   |   |   |
|  |   | Customer Complaint/Issue |   |   |   |   |   |   |   |   |  |   | Process Trends / Other |   |   |   |   |   |   |   |
| **1. Problem/Concern Description:** *(Provide a detailed description of problem, what - where - when. Describe the impact on the QMS, customer, product, etc.)* |
| **Section B** |
| **3. CAR assigned to:** *(Identify team members/department)* | **Final Due Date for All Sections:**  30 days after issue   |
| **Section C** |
| **4. Interim Action:** *(Describe steps taken to fix/contain problem on a short time basis.)* | **Date Completed:**  Take within 5 days after issue |   |
| **5. Root Cause Analysis:** *(What was the bottom line issue that caused the problem? Include, as applicable those related to human factors. Ales evaluate if similar nonconformities exists or could potentially occur. How was it verified / what evaluation tools were used.)* | **Completed By:**  |
| **Date Completed:** Determine within 5 days after issue |

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| **Section D** |
| **6. Proposed Corrective Action***: (What is the plan for the corrective action? Who will be involved? What is the estimated cost and timeframe?)* | **Proposed By:** |
| **Proposed Completion Date:**Determine within 5 days after issue |
| **7. Permanent Corrective Action Taken:** *(What was actually done to stop the problem from happening again?) Describe permanent steps taken. If same as Section 6, state this.* | **Completed By:** |
| **Date Completed:**  Take within 15 days after issue |
| **8. Recurrence Control (Systemic Review)** *(Are there any other areas within the Quality Management System which may be affected? If so, describe how procedures or processes need to be modified to prevent similar/potential problems from occurring. Further, review any areas for "continuous improvement.")* Complete within 15 days after issueRisks and opportunities determined during planning updated? Yes No *If yes, which one(s)* |
| Procedure Changed? |  |   | Yes |  |   | No |   |   |   |   | Process Changed? |  |   | Yes |  |  |  No |   |   |   |
| *If yes, which one(s)* |   | *If yes, which one(s)* |   |
| **Section E** |
| **9. Verification:** *(State effectiveness of action - include evidence if applicable. Validate that the corrective action is effective).*Complete within 10 days after implementation |
| **Reviewed By: Date: Accepted Rejected****Add. Review By: Date:**  |
| **10. Customer Contact *(if required)*****By: Date:** |
| **11. Closed by: Title: Date Closed:** Complete within 5 days after Verification |