



CORRECTIVE ACTION REQUEST (CAR) FORM

CAR NO. ____ OF ____

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

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