



CORRECTIVE ACTION REQUEST (CAR)
QMS-07F1 Rev.0

Relevant Function:	CAR Initiator: <i>(Signature over printed name)</i>	CAR Control No:	Date:
Type of Non-conformity <i>(tick where appropriate)</i> :	Classification:	ISO 9001 Clause:	Document Code:
<input type="checkbox"/> Internal Audit Finding	<input type="checkbox"/> Incident, Accident or Emergency	<input type="checkbox"/> Objectives & targets not met	
<input type="checkbox"/> Complaints form customer	<input type="checkbox"/> Non-compliance to procedure/ work instructions	<input type="checkbox"/> Legal non-compliance	
<input type="checkbox"/> Complaints from interested parties	<input type="checkbox"/> Supplier/Subcontractor nonconformity		
Description of Non-conformity:			
Acknowledged by: _____ Date: _____ (Signature over printed name)			
Correction:			
Done by: _____ Date: _____ Reviewed/Approved by: _____ Date: _____ (Signature over printed name) (Signature over printed name)			
Cause of non-conformity: <i>(Determine the cause of the problem; attach RCA Sheet if needed)</i>			
Done by: _____ Date: _____ Reviewed/Approved by: _____ Date: _____ (Signature over printed name) (Signature over printed name)			
Agreed Corrective/Preventive Action		Action Party	Completion Date(s)
Reviewed/Approved by: _____ Date: _____ (Signature over printed name)			
Follow-up Results Date	Remarks	Status	Signature