|  |  |  |
| --- | --- | --- |
| Your Logo Here | ***CORRECTIVE ACTION REQUEST(CAR)*** | **CAR** №. **Date**  |
| **Section 1 – Originator/Position** |
| **Name:**  |
| **Audit area / standards:**  |
| **Nonconformance Description:** |
|  |
|  **FINDINGS- *Issue Classification*** *(Check Box)* | **Level 1** |  **Level 2 Level 3** |
|  | [ ]  **Safety Hazard** | [ ]   **Finding** [ ]  **Concern** ***[ ]*  Observation**  |
| **Signature: Date:** **TIME LIMIT** |
| **Section 2 - Corrective Action and Disposition** |
| **Initial Action :****Root Causes:****Contributing Causes:****Follow Up Actions :** |
| **№** | Person(s) Responsible for the Corrective Action / Name(s)/ Position | Signature |
|  |  |  |  |
| **Section 3 -** **Planned Corrective Action Has Been Completed** |
| **Planned Corrective Action Has Been Completed :****Responsible Person: Date:** |
| **Section 4 - Approval of Corrective Action-Follow- up Audit** |
| Verification Has Been Completed/ Name(s) / Position / Comments | Sign: | Date: |
|  |  |  |
| **Section 5 - Closing the Nonconformance**  |
| **Decision:**QM: Date: |
| Distribution**:**  |

|  |  |
| --- | --- |
| NOTE : |  **1 Safety Hazard:** immediate corrective action is required **2 Finding:** corrective action within 15-30 days **3 Concern:** corrective action within 30-90 days **4 Observation:** corrective action is not mandatory (recommended only) |