CORRECTIVE ACTION REQUEST

Source:	Title: (Title of Procedure)	CAR NO.:
☐ Internal Audit ☐ Legal Non-compliance ☐ Non-conforming Service ☐ Others:_____		

Requesting Department /Parties:	Reason for Re-issue: ☐ No Reply ☐ Re-corrective Action
Responsible Department:	Time Limit for Reply: *3 days from the date of receipt of the CAR*

Description of the Nonconformance:

Request Date	**Prepared by**	**Approved by**

Investigate the cause of the Nonconformity:

Correction / Immediate Action:	**Completion Date**

Corrective Action:	**Completion Date**

Responsible Division/Department	**Signature**

Follow up result of the Correction and Corrective Action

Note: Within 2 weeks from the date of issuance of the CAR

Verified by:	**Date of Verification:**	**Approved by:**

Verification of Effectiveness of the action taken:

Note: After 2 months of implementation

Verified by:	**Date of Verification:**	**Approved by:**

Received by: (For Filing)	Date Received: