

|  |
| --- |
| **CORRECTIVE AND PREVENTIVE ACTION REQUEST NO:** |
|  |  |  |  |  | Internal Audit No: |
|  | CorrectiveAction | Preventive Action | Complaint No: |
|  |  |  |  |  |  |  |  |  |
|  | Audit | Improvement Suggestion | Complaint | Other  |  |
| 1. Description of non-conformity/Improvement Suggestion | Reported by: |  |
|  | Date: |  |
|  |
|  |
|  |
|  |
|  *Send to APAC Quality Manager when completed to this point*  |
| 2 a) Investigation, determination of cause(s), and correction of non-conformity  |
| Assigned {by APAC QM} to: |  | For completion by: |  |
|  |
|  |
|  |
| 2 b) Verification of Corrective/preventive action implemented |
|  |
|  |
|  |
| Completed by (sign/initial and date) |  |  |
|  *Send to APAC Quality Manager when completed to this point*  |
| 3 a) Review effectiveness of corrective/preventive action |
| Assigned {by APAC QM} to: |  | For completion by: |  |
|  |
|  |
|  |
| 3 b) Additional cause analysis required |
| Assigned {by APAC QM} to: |  | For completion by: |  |
|  |
|  |
|  |
| APAC Chair: | Date CPAR closed:  |