



Corrective Action Request

Functional Area / Supplier Name:	Issued By:	CAR #:
P/N:	S/N:	P.O. #:
Date Issued:	Date Due:	Comments:

1. Requirement and Description of Discrepancy/Nonconformity:			
Requirement:			
Nonconformity Statement:			
Objective Evidence:			
2. Immediate Corrective Action(s) (IC):			
3 Cs:	Action:	Action Owner:	ECD:
Communicate:			
Contain:			
Correct:			
3. Root Cause: (Using 5-Why Approach – See page 2)			
4. Corrective Action(s) (Permanent Action) (CA):			
Action:	Action Owner:	ECD:	Verification Method:
5. Preventive Action(s) (Systemic Review) (PA):			
Action:	Action Owner:	ECD:	Verification Method:
6. Follow Up for Verification of Effectiveness of CA/PA:			
Action:	Action Owner:	ECD:	
Follow Up Assigned To:		Owner Signature:	
Comments:		Closed Date:	

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