



Example Record

CORRECTIVE ACTION REQUEST FORM

Issue			CAPA #
Initiated By			
Section/Area			
Date		Audit Type	
Non-Conformance	Minor	Major	Critical
Evidence of Non-Conformance			
Potential Effect of Non-Conformance			
Auditor		QMS Section	
Action required to correct problem and/or prevent recurrence			
Responsibility			
Date required		Signed	
Follow-up required to confirm Action has been implemented and effective			
Date required		Signed	
Date finalised		Signed	
CAR Closed Out		Authorised	



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