KEFRI/F/MR/04



**CORRECTIVE ACTION REQUEST (CAR) FORM**

**CAR NO**………….**OF ………**

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| --- |
| CENTRE………………………………………… SECTION…………………..:……. |
| AUDIT DATE: ………………………. | AUDIT NO: …………………… |
| Area of Standard/Procedure under review: ……………………............ | Clause: …………………….  |
| Requirement: Nonconformity/evidence: Signed: Auditor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Category: MAJOR MINOR |
| Root Cause: |
| Correction (as applicable): |
| Corrective action to be taken to prevent recurrence:Signed: Auditee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of completion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Follow up (to be completed by the auditor):Action fully completedAction partially completed No action takenDetails: |
| Signed……………… …………………… ………………………. Auditor Name DateSigned……………… …………………… ………………………. Auditee Name Date |
| Effectiveness of corrective actionWas the corrective action taken effective? YES NODetails: Signed……………… …………………… ………………………. Auditor Name Date |