KEFRI/F/MR/04



**CORRECTIVE ACTION REQUEST (CAR) FORM**

**CAR NO**………….**OF ………**

|  |  |
| --- | --- |
| 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 completed  Action partially completed  No action taken  Details: | |
| Signed……………… …………………… ……………………….  Auditor Name Date  Signed……………… …………………… ……………………….  Auditee Name Date | |
| Effectiveness of corrective action  Was the corrective action taken effective? YES NO  Details:  Signed……………… …………………… ……………………….  Auditor Name Date | |