



CORRECTIVE ACTION REQUEST (CAR) FORM

Date		CAR No.	
Initiator/Auditor		Doc Ref (if Any)	
Issued To		Area/Activity	

CATEGORY OF NONCONFORMITY / POTENTIAL NONCONFORMITY

<input type="checkbox"/> Customer Complaint	<input type="checkbox"/> Subcontractor / Supplier Non-Conformity (<i>Memo Ref. No.:</i>)			
<input type="checkbox"/> Operation Process	<input type="checkbox"/> Occupational, Safety and Health Matters			
<input type="checkbox"/> ISO 9001 Internal Quality Audit	<input type="checkbox"/> ISO 45001 Internal Safety Audit	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> OFI
<input type="checkbox"/> Other, please specify:		Clause:		

DESCRIPTION OF NONCONFORMITY / OBJECTIVE EVIDENCE / DESCRIPTION

(Use separate attachment if necessary)

Initiator/Auditor	(Signature & Date)	PIC/Auditee	(Signature & Date)
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Car Review ☐

Review Date:

PART 1

CORRECTION – IMMEDIATE ACTION (Use separate attachment if necessary)

Action By	(Signature & Name)	Completion Date	
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* **Correction shall be taken immediately.**

* **Completion of correction shall include with evidence e.g., Inspection form, picture**

Correction Verification

Remarks	Initiator/Auditor
	Signature & Date



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PART 2

ROOT CAUSE INVESTIGATION (Use separate attachment if necessary)

Why 1	
Why 2	
Why 3	
Why 4	
Why 5	

Investigate by	(Signature & Name)	Date Investigate	
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CORRECTIVE ACTION (Use separate attachment if necessary)

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Action By	(Signature & Name)	Expected Completion Date	
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VERIFICATION OF *CORRECTIVE / PREVENTIVE ACTION (please provide objective evidence)

Tick the appropriate column:

	Verified that corrective / preventive action is implemented and satisfied with the action taken. Therefore Attach necessary supporting documents to prove effectiveness.
	Corrective action is not effectively implemented or not satisfied with the corrective action taken. 2nd verification required. 2nd verification date:

Verification		
CAR Close-Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:	Verified by: (Signature) Name: Date:

2nd Verification (if required)		
CAR Close-Out <input type="checkbox"/> Yes <input type="checkbox"/> No	Comment:	Verified by: (Signature) Name: Date: