

Corrective Action Request

GGR/REC-22
Rev #: 00

CAR #..... Identified by..... From..... To..... Date.....

Reason: Internal/External Audit Major Must/Minor Must/Recom Clause # _____ Major Issue Customer Complain

Problem Identified

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Signature

Concerned department

Signature

MR/Manager/Concerned authority

Root Cause of the Problem

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Signature

Concerned department

Target date:

Nature of Action:

Corrective Action

Preventive Action

Corrective/Preventive Action Taken:

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Signature

Function Concerned.....

Completion date

Verification of the Problem Solved

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Signature

MR/Concerned department

Close out date.....