

**CORRECTIVE / PREVENTIVE ACTION REQUEST (CPAR) FORM**

<b>Audit Report Ref No:</b>	<b>CPAR Ref No:</b>
<b>Auditor(s):</b>	<b>Date of Audit:</b>
<b>Facilities Service/Team:</b>	<b>Service/Team Representative:</b>

**1. DETAILS OF NON-CONFORMANCE / POTENTIAL NON-CONFORMANCE**

**2. CORRECTIVE/PREVENTIVE ACTION TAKEN TO PREVENT RECURRENCE (TO BE COMPLETED BY THE TEAM REPRESENTATIVE/MANAGER):**

**a. CAUSE OF NON-CONFORMANCE / POTENTIAL NON-CONFORMANCE**

**b. CORRECTIVE/PREVENTIVE ACTION TAKEN**

NAME: (TEAM REPRESENTATIVE/MANAGER).....

SIGNATURE:.....DATE:.....

**3. RE-AUDIT RESULTS**

AUDITOR: Name.....

SIGNATURE:.....DATE:.....

Please send the original of this form to the Quality Manager.

