

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM

Campus: _____

Corrective Action Request Form (CAR)

Dept./Division : _____

Ref. No./ISO Clause : _____

Auditor : _____

CAR No. : _____

Date Reported : _____

Audit () Complaint () Nonconformity ()

Correction () Corrective Action () Note: For Correction, Skip step 3 and 4. Write N/A on the space provided.

1. DESCRIPTION OF NONCONFORMITY/COMPLAINT:

OBJECTIVE EVIDENCE:

CONSEQUENCE:

Process Owner
(Signature over printed name)

Auditor
(Signature over printed name)

Agreed Date of
Correction Completion

2. CORRECTION (To be filled out by the Process Owner)

Actual Date of Completion: _____ Noted by (Immediate Supervisor): _____

3. ROOT CAUSE ANALYSIS (Provide attachment showing either 5 Whys or Fish Bone Diagram)

Conducted by (Process Owner): _____ Date: _____ Noted by (Immediate Supervisor): _____ Date: _____

4. CORRECTIVE ACTION (To be filled out by the Process Owner)

Actual Date of Completion: _____ Noted by: _____

5. RISK/OPPORTUNITY ASSESSMENT REQUIRES UPDATING?

___ NO ___ YES, Date Updated: _____ Verified By: _____

6. QMS REQUIRES UPDATING?

___ NO ___ YES, Date Updated: _____ Verified By: _____

7. FOLLOW-UP COMMENTS

Date	Status	Signature		Effective? (Y/N)
		Auditor	Process Owner	

8. CASE CLOSED

Quality Management Representative Date Noted By (Area Head)