

Appendix 5

CFIA Corrective Action Request (CAR) (D-96-05 & QSM-09)

Evaluation <input type="checkbox"/>	Surveillance Audit <input type="checkbox"/>
CAR #	Associated Report #
Facility Name and Address:	
Facility Representative and title:	CFIA Lead Auditor:
Telephone:	Telephone:
Non conformance (one per CAR): <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Critical	
Description:	
CFIA Auditor Signature:	Date to be Corrected:
Facility's Corrective Action Plan:	
Facility Representative Signature:	Date for Completion:
CFIA Corrective Action Plan Accepted CFIA Auditor Signature: _____ Date: _____	
Corrective Action Completed and Acceptable: <input type="checkbox"/> No <input type="checkbox"/> Yes	
CFIA Auditor Signature:	Date:
Additional Comments:	
CFIA Auditor Signature:	Date: