



Appendix 3 – Corrective Action Request (CAR)

A – FACILITY INFORMATION:

CAR #: _____

| | |
|--------------------------|-----------------------------|
| Facility name & address: | Contact name & information: |
|--------------------------|-----------------------------|

B – DESCRIPTION OF NON-CONFORMANCE & RELATED OBSERVATIONS:

| | |
|---|--|
| Date: | Non-Conformance Type: <input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Other: _____ |
| Description: _____ _____ _____ | |
| Auditor's printed name & signature: | Date: |

C – DESCRIPTION OF CORRECTIVE ACTIONS:

| | |
|--|--|
| _____ _____ _____ _____ | |
| Date for completion of corrective action: _____ | Facility representative's Signature & date: |
| <i>Approval of Part C:</i> | |
| Auditor's printed name & signature: | Date: |

PART D – VERIFICATION OF CORRECTIVE ACTION:

| | |
|---|-------|
| Verification of corrective action <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable | |
| Follow up visit findings/Additional comments: _____ _____ _____ | |
| CAR closed: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Auditor's printed name & signature: | Date: |