

Corrective Action Report (CAR)

Project/Area/Department*:	CAR No.:
	Date:
Location of Occurrence:	
Detail of Deficiency:	
Cause of Deficiency:	
Correction: (Internal Audit only)	
Corrective Action to prevent recurrence	
Target Completion Date:	Action by:
Prepared by:	Position:
Preventive Action Required: <input type="checkbox"/> No <input type="checkbox"/> Yes (PAR No)	
Approved by:	Date:
QAR	
Effectiveness of Corrective Action	
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Raise Corrective Action Report, Report No.:	
Reviewed By:	Date:
(Quality Manager)	

* Delete whichever not applicable.