

Preventive Action Request (PAR)

Project / Area / Department*:	PAR No.:
	Requested Date:
Description of Potential Problem or Non-conformity	
<hr/> <hr/> <hr/>	
Proposed Preventive Action	
<hr/> <hr/> <hr/>	
Requested by: _____	Position: _____
Comments from Management Representative	
<hr/> <hr/> <hr/>	
<input type="checkbox"/> Approve of proposed/revised Preventive Action <input type="checkbox"/> Reject of proposed Preventive Action	
To be finished by: _____	
Person responsible for the Preventive Action: _____	
Signed by: _____	Date: _____
Check for Preventive Action Implementation	
Result: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Reviewed by: _____ (Quality Manager) Date: _____	

* Delete whichever is not applicable