Corrective and Preventive Action Request (CPAR) Form

(Quality Assignee completes)		
Request as a result	t of: Nonconforming Product [Management Concern [Internal Audit [] Customer Advisory [] External Audit [] Other:
Problem Descripti	on or attach report:	
Signature:	·	Date:
ECTION 2 (Qual	ity designee or Other	completes) Signature:
Owner:	Date Assigned:	Investigation Due Date:
ECTION 3 (Own	er completes and returns to Qual	ity designee for review prior to Due Date
Identify Root Cau	se:	
Interim Corrective	Actions: (include containment	.1 1.1
	`	activities)
Measure		activities)
		,
	tive Actions to prevent reoccurre	ence (indicate documents to be revised):
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ASSESS CHANC	GES TO: SIMILAR PRO	cence (indicate documents to be revised): CESSES [] CONTROL PLAN] No, Committed Due Date:
ASSESS CHANC	GES TO: SIMILAR PRO	ence (indicate documents to be revised): CESSES [CONTROL PLAN
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ASSESS CHANC All Corrective Action GECTION 4 (Qualic Corrective Action Owner: GECTION 5 (Assig Corrective Action Explain (may attack)	GES TO: SIMILAR PRO tions COMPLETED: [] Yes [orting data) Signature: ty Designee or Other Approved: [] Yes [] No recom Date Assigned: gned Owner completes and return Effective: [] Yes [] No Signature: Signature: Date Assigned: Date Assigned: Signature: Date Assigned: Date Assigned: Date Assigned: Signature: Date Assigned:	CESSES [CONTROL PLAN] No, Committed Due Date: completes): Signature: Immendations: Date Action Due:

Form #:_____; Revision:_____; Date:____