

	METROPOLITAN NAGA WATER DISTRICT	Document Code: QMF03	
	FORM	Revision No.:	0
	CORRECTIVE ACTION REQUEST FORM	Effectivity Date:	March 2017
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I. Details of Non-conformity *(To be filled-out by Issuer of CAR)*

Source: <input type="checkbox"/> Customer <input type="checkbox"/> Regulatory <input type="checkbox"/> External Audit <input type="checkbox"/> Internal Audit <input type="checkbox"/> Others: _____		Criteria: <input type="checkbox"/> ISO 9001:2015: <input type="checkbox"/> QMS: <input type="checkbox"/> Regulatory: Others: _____	Date: CAR #: Issued By:
Statement of Non-conformity:			Date of submission of filled-out CAR:
Prepared By:	Reviewed By:	Approved By:	

II. Correction, Root Cause(s) and Corrective Action *(To be filled-out by person responsible)*

Immediate Action / Correction Taken: <i>(What did you do to contain the problem?)</i>				
Root Cause <i>(Ask Why five times)</i>	Corrective Action <i>(Action to prevent recurrence of problem)</i>	Responsible	Resources Needed	Target Date of Completion
Done By <i>(Person Responsible):</i>		Approved By <i>(Department / Division's Head):</i>		

III. Verification of Effectiveness of Corrective Action *(To be filled-out by Issuer of CAR)*

List evidence/data that verifies implementation of correction and and corrective action and its effectiveness: 1. 2. 3. 4.	Update of Risks & Opportunities: <input type="checkbox"/> Yes <input type="checkbox"/> No Ref. No. & Date:	Changes in QMS: <input type="checkbox"/> Yes <input type="checkbox"/> No Doc. Code & Date:
Prepared & Recommended By <i>(Issuer of CAR):</i>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Date:
Approved By <i>(IQA Lead Auditor):</i>	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Date: