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CORRECTIVE ACTION REQUEST (CAR)

ssued to :	(Name) CAR No. :
Date of Issue :	
A) Statement of Non-conformity/Non-con	npliance
Name of Initiator	Signature of Initiator
B1) Investigation of Root Cause	First Response Deadline:(within 10 working days from the date of issue)
Tick (✓) the applicable boxes	
Man Method	Materials Machine Environment
	Signature of Head of Division
B2) Remarks	Date :
Signature of Head of Division	Signature of Head of Sector/Supervisor

Document No. : FRM-CC-09

Revision No. : 1 Effective Date : 20 April 2021

C1) Correction Plan Estimated Completion Date :	
(Must be after B1 date)	(The same with B1 date)
Signature of Head of Division	Signature of Head of Sector/Supervisor
C2) Correction Done Actual Completion Date :	Second Response Deadline :
	Signature of Head of Division
D1) Corrective Action Plan	First Davis area Davidlina
Estimated Completion Date :(Must be after B1 date)	First Response Deadline :(The same with B1 date)
Signature of Head of Division	Signature of Head of Sector/Supervisor
D2) Corrective Action Done Actual Completion Date :	Second Response Deadline :
	Signature of Head of Division

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E) Review of Effectiveness of Corrective Action Taken	Date of Review :
,	
	Signature of Head of Sector/Supervisor

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