



QUALITY REGISTRAR SYSTEMS

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Corrective & Preventive Action Request Form

Form 15-1

SECTION A (Reporting Personnel)

Date of Reporting:

Company/Department:

Area / Section of Non-conformance:

Type of non-conformance: a) Service non-conformance b) Process non-conformance
c) Customer's complaint d) Other

Problem:

Accepted

Rejected

GM/Scheme Manager's Sign.

SECTION B (Concerned Department)

Root Causes:

Corrective Action:

Preventive Action:

Any other Suggestion*:
(To be Completed by G M/S.M.)

Responsibility: _____

Target Date for Completion: _____ Actual Completion Date: _____

Department Manager Signature: _____ Date : _____

SECTION C (Scheme Manager)

Corrective Action Confirmed: Taken / Not Taken**
Effective / Not Effective**

Comments:

G.M/S.M. Signature: _____ Date: _____

* If required

** Delete as required

Issue	Revision	Date
1	0	20.02.2011