

CORRECTIVE ACTIONS AND IMPROVEMENTS RECORDCorrective/Preventative Action ☐; Opportunity for Improvement ☐; CAR Number: _____

Reference(s) : _____ Date Raised: _____

A) Description Attachment No.(s): _____ N/A ☐

Signed: _____ Date: _____

B) Investigation Attachment No.(s): _____ N/A ☐

Assessed Risk to Quality: _____ RAN: _____
Signed: _____ Date: _____

CORRECTIVE ACTIONS AND IMPROVEMENTS RECORD

CAR Number: _____

C) Proposed Actions

Attachment No.(s): _____


N/A ☐

Item	Description	Proposed Completion Date	Responsible Department	Date Action Completed	Verified By (Initials and Date)
1					
2					
3					
4					
5					

Proposed by (sign & date)

Reviewed & Preapproved By

Position Title	Name	Signature	Date
QA Manager (or delegate)			

Authorisation signature and date:  01 Oct 21

Reference: SOP-027

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TE-002-03

CORRECTIVE ACTIONS AND IMPROVEMENTS RECORD

CAR Number: _____

D) Completion of Itemised ActionsAttachment No.(s): _____ N/A ☐Action(s) completed Successfully: Yes ☐; No ☐. (please tick)

Comment:

Further Actions Required: Yes ☐; No ☐. (please tick)

Verified by:

Date:

E) Review and Approval

Position Title	Name	Signature	Date
QA Manager (or delegate)			
Comments:			

Authorisation signature and date: EL 01 Oct 21

Reference: SOP-027

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CORRECTIVE ACTIONS AND IMPROVEMENTS RECORD

CAR Number: _____

F) Final Approval – QA Manager

Rationale / Comments:

Effectiveness Check Required: Yes ☐; No ☐ (please tick) See Attachment No.(s): _____

QA Manager (or Delegate):

Date:

G) Closeout

Rationale / Comments:

Effectiveness of Actions Deemed Acceptable Yes ☐; No ☐; N/A ☐ (please tick)Further Action Required: Yes ☐; No ☐ (please tick). If Yes through CAR / CR No. _____

Quality Manager (or Delegate):

Date:

Verified By (Head of Quality):

Date:

Authorisation signature and date: EG 01 Oct 21

Reference: SOP-027

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