



# ACTION REQUEST FORM

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## SECTION 1

Source:  Nonconformance

Potential Nonconformance/Concern

(Tick appropriate box)

Internal Audit/Review

Complaint

External Review

Management Review

**Description of Nonconformance/ Problem or Concern/ Complaint:**

**Reference:**

**Identified by:**

**Date:**

**Immediate Action taken to address the problem:**

Action initiated by:

Date:

## SECTION 2 To be completed by Quality Department

Action required:  Correction

Corrective Action

Preventive Action

Problem or Concern Assigned to:

Date dispatched:

## SECTION 3 To be completed by personnel responsible for the execution of the Action

**ROOT CAUSE(S) OF PROBLEM/ POTENTIAL PROBLEM**

**ACTION(S) TO ADDRESS ROOT CAUSE(S)**

**RESP.**

**EFFECTIVE DATE**

Completed by:

Date

Approved by:

Date:

## SECTION 4 To be completed by Quality Department

**CAUSE CODE:**

a. Failure to follow procedure

b. Process

c. Material

d. Equipment

e. Communication

f. Training

g. Other: \_\_\_\_\_

Verification of Action:

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_