



GUIDELINES FOR COMPLETING THE ACTION REQUEST FORM



ACTION REQUEST FORM

AR# _____

SECTION 1

Source: Nonconformance Potential Nonconformance/Concern Internal Audit/Review
 External Review Management Review Other

(Tick appropriate box)

Description of Nonconformance/ Problem or Concern:

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 3 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:

Reference # assigned by QA

Action requested due to which category:

Summary of what happened or what was found. Positions not names should be used.

If applicable, the procedure, work instruction or standard that has been breached should be put here.

Name/ Signature of person identifying issue and date it was raised.

Description of the action taken to immediately address the problem (where applicable).

Name/ Signature of person taking remedial action.

Department Head or Team request is assigned to for determination of root cause.

Summary of root cause or causes of problem after investigation of assigned person or team.

Summary of action to be taken to address root cause along with person responsible and due date.

Person responsible for determining corrective action and ensuring implementation.

All corrective action must be reviewed by and approved by the Management Rep./ QA Manager.

Root cause category for analysis.

Person verifying that the corrective action is completed