

CORRECTIVE / PREVENTIVE ACTION REPORT

CAR/PAR #: _____ Date Logged: _____

CAR/PAR Initiator: _____ TGLN #: _____

Corrective/Preventative Action Report Initiated By:		
<input type="checkbox"/> Critical Incident	<input type="checkbox"/> Stakeholder Audit	<input type="checkbox"/> Preventative Action
<input type="checkbox"/> Stakeholder Complaint	<input type="checkbox"/> Health Canada Inspection	<input type="checkbox"/> Other
Problem Description:		
CAR/PAR Investigator:		Due Date:
Root Cause of Problem: The root causes include:		
Corrective/Preventive Action Plan:		
Task Description	Responsibility	Due Date
<ul style="list-style-type: none"> • <u>Containment Actions</u> • • • • <u>Preventive Actions</u> • • • 		
Approved by:		Date:
Verification Period:	From:	To:
Verification Plan:		
Director Quality Approval: _____		_____
Signature		Date
Permanent Changes, if applicable: _____		
Procedure # / Process Instruction # / Form #: _____		
Action Request:	To: _____	Date: _____