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| **CORRECTIVE AND PREVENTIVE ACTION REQUEST NO:** | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | |  | | Internal Audit No: | | | | | | | | | |
|  | Corrective Action | | | Preventive  Action | | | | | Complaint No: | | | | | | | | | |
|  |  | |  |  | | | |  | |  | |  | |  | |  | | |
|  | Audit | | | Improvement Suggestion | | | | | | Complaint | | | | Other | |  | | |
| 1. Description of non-conformity/Improvement Suggestion | | | | | | | | | | | | | Reported by: | | | |  | |
|  | | | | | | | | | | | | | Date: | | | |  | |
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| *Send to APAC Quality Manager when completed to this point* | | | | | | | | | | | | | | | | | | |
| 2 a) Investigation, determination of cause(s), and correction of non-conformity | | | | | | | | | | | | | | | | | | |
| Assigned {by APAC QM} to: | | | | |  | | | | | | | For completion by: | | | | | |  |
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| 2 b) Verification of Corrective/preventive action implemented | | | | | | | | | | | | | | | | | | |
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| Completed by (sign/initial and date) | | | | | |  | | | | | | | | |  | | | |
| *Send to APAC Quality Manager when completed to this point* | | | | | | | | | | | | | | | | | | |
| 3 a) Review effectiveness of corrective/preventive action | | | | | | | | | | | | | | | | | | |
| Assigned {by APAC QM} to: | | | | |  | | | | | | | For completion by: | | | | | |  |
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| 3 b) Additional cause analysis required | | | | | | | | | | | | | | | | | | |
| Assigned {by APAC QM} to: | | | | |  | | | | | | | For completion by: | | | | | |  |
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| APAC Chair: | | | | | | | | | | | Date CPAR closed: | | | | | | | |