

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM  
Corrective Action Request Form (CAR)**

Dept./Division : _____	Ref. No. : _____
Auditor : _____	CAR No. : _____
Date Reported : _____	ISO CLAUSE : _____
Audit ( ) Complaint ( ) Nonconformity ( )	

**1. DESCRIPTION OF NONCONFORMITY/COMPLAINT:**

**OBJECTIVE EVIDENCE:**

**CONSEQUENCE:**

_____	_____	_____
Area Representative	Auditor	Agreed Date of
(Signature over Printed Name)	(Signature over Printed Name)	Correction Completion

**2. CORRECTION (To be filled out by the Area Representative)**

Actual Date of Completion: \_\_\_\_\_ Noted By: \_\_\_\_\_

**3. ROOT CAUSE ANALYSIS (Use back page as guide.)**

Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_ Noted by: \_\_\_\_\_ Date: \_\_\_\_\_

**3. CORRECTION ACTION (To be filled out by the Area Representative)**

Actual Date of Completion: \_\_\_\_\_ Noted By: \_\_\_\_\_

**4. RISK/OPPORTUNITY ASSESSMENT REQUIRES UPDATING?**

\_\_\_\_ NO \_\_\_\_ YES, Date Updated: \_\_\_\_\_ Verified By: \_\_\_\_\_

**5. QMS REQUIRES UPDATING?**

\_\_\_\_ NO \_\_\_\_ YES, DCR No: \_\_\_\_\_ Verified By: \_\_\_\_\_

**6. FOLLOW-UP COMMENTS**

Date	Status	Signature		Effective? (Y/N)
		Auditor	Representative	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

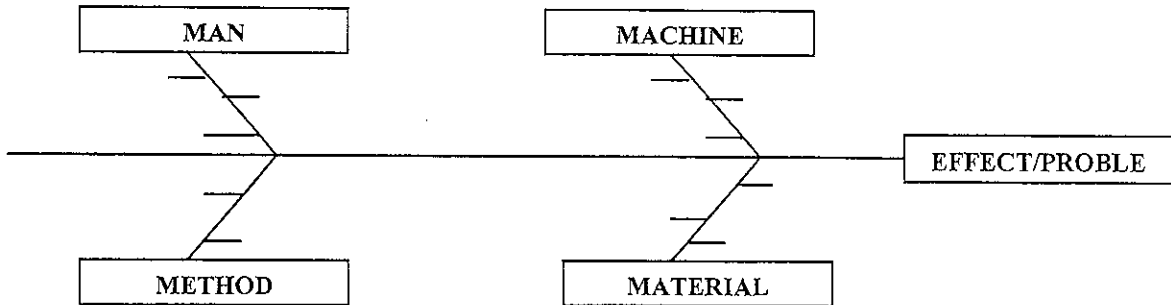
**7. CASE CLOSED**

\_\_\_\_\_  
Quality Management Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Noted By (Area Head)

**8. CAUSE AND EFFECT DIAGRAM**



Man	Machine	Material	Method
WHY?	WHY?	WHY?	WHY?

Others	Why?
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