

**CORRECTIVE/PREVENTIVE ACTION REQUEST****Report  
No.**☐ Corrective Action      ☐ Preventive Action      ☐ Opportunity for Improvement

Source	Reference	Comments
<input type="checkbox"/> Internal Audit		
<input type="checkbox"/> External Audit		
<input type="checkbox"/> Customer Complaint		
<input type="checkbox"/> Product Deficiency		
<input type="checkbox"/> Previous CPAR		
<input type="checkbox"/> Other:		

Description of Nonconformance, Risk or Opportunity for Improvement:

Initiator:		Signature:	Date:	
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Received and Entered into CPAR System by:	Signature:	Date:	
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Assigned to:	Reply Due Date:	
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Root Cause:

Actions Taken or Planned:

Planned Completion Date:

Submitted by:		Signature:	Date:	
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Comments by Approval Authority:

Approved by:		Signature:	Date:	
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Followed Up by:		Signature:	Date:	
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Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No	Evidence:	
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Closed Out by:		Signature:	Date:	
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**RM&A International Form**