

CORRECTIVE/PREVENTIVE ACTION REQUEST								CPAR No.		
☐ Corr	ective Action		☐ Preventive Action					Opportunity	for Improvement	
Exte Cust Inter Exte	nal Audit rnal Audit omer Complair nal Stakeholde rnal Stakeholde	r er	Preve	ntive action	or Oppo	ortunity	⁄ for	Improvemen	ıt:	
Initiator	name organization Designation				Signature:			Date:		
For office use:  Task Assigned to:  Reply Due Date:  Chairman Signature:								Signature:		
Actions 7	Γaken or Planne	ed by assi	gned <sub>l</sub>	person(For n	nore spa	ace use	sepa	arate sheet):		
Signature:						Date:				
Commen	ts by Chairman	:			,					
Signature:						Date:				