

Corrective and Preventive Action Request Form

PART 1 – ORIGINATOR TO COMPLETE

CPAR No:
(from Register) _____

Name: _____ Date: _____

Department: _____ Position: _____

Improvement or Change to:

- | | |
|--|--|
| <input type="checkbox"/> Work Process | <input type="checkbox"/> Operational Control |
| <input type="checkbox"/> System Document | <input type="checkbox"/> Operating Procedure |

Relevant Department:

- | | |
|--|--|
| <input type="checkbox"/> Safety and Health | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Quality | <input type="checkbox"/> Contractor Management |
| <input type="checkbox"/> Purchasing and Procurement | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Stores and Logistics |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> External Communications |
| <input type="checkbox"/> Other <i>(please specify)</i> | |
- _____

Description of Non-Conformance:

(provide sufficient details to assist in assessing the significance of the suggested improvement)

Suggested Corrective and Preventive Action:

(attach extra sheets if necessary)

Sign-off:

Originator: _____ Date: _____

To be forwarded to Team Leader

Ensure the Corrective Actions Register is updated

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ENVIRONMENTAL MANAGEMENT SYSTEM

Form

PART 2 – TEAM LEADER TO COMPLETE

Team Leader Name: _____ Date Received: _____

Action Type:

- No Action
 Individual
 Action Team

Team Members: _____

Investigation Findings:

(discussion with originator, review documents on file, root causes analysis)

Possible Solutions:

Corrective and/or Preventive Actions Required:

Person Responsible	Due Date	Action Approved by Dept/SHEC Manager	Date Approved	Action Completed By	Date Completed

To be forwarded to the relevant Department or SHEC Manager for Closure

PART 3 – DEPARTMENT or SHEC MANAGER TO COMPLETE

Name: _____ Date Received: _____

Department: _____

Results of Evaluation of Effectiveness:

Result:

- Corrective/Preventive Action Complete Future actions Required
(sign-off below) *(list below)*

Sign-off:

Department/SHEC Manager: _____ Date: _____

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