

21 Apr 2023

CORRECTIVE ACTION REQUEST

1. DATE ISSUED:		2. CORRECTIVE ACTION REQUEST RCN:	
3. TO: (CONTRACTOR NAME, CONTRACT #, AND PLATFORM)		4. FROM: (APPLICABLE DETACHMENT)	
5. DESCRIBE THE NON-CONFORMING DISCREPANCY AND APPLICABLE REFERENCES: (IE. SECTION OF CONTRACT, ISO, CLAUSES, CONTRACTOR WORK INSTRUCTION ETC.)			
REF:			
ENCL:			
DATE OF DISCOVERY:			
DISCREPANCY:			
6. IN YOUR REPLY, PLEASE INCLUDE A DESCRIPTION OF:			
A. Root cause of non-conformance			
B. Action taken to correct specific deficiency			
C. Action taken to prevent recurrence of root cause of deficiency			
D. Action taken to determine if other products or services are affected by same or similar deficiency			
E. Target date for implementation of identified corrective action			
7. CLASSIFICATION OF NON-CONFORMANCE: LEVEL: TYPE:			
REPEAT DISCREPANCY? If checked, List Previous non-conformance and/or CAR number:			
8. REQUEST YOU REPLY WITHIN: WORKING DAYS but NLT:			
QAS SIGNATURE:			
9a. NON-CONFORMANCE DISCUSSED AND RECEIVED BY: (NAME / TITLE)			
9b. DATE RECEIVED:		9c. CONTRACTOR'S SIGNATURE:	
10. CONTRACTOR'S RESPONSE: (USE THIS DOCUMENT AS A COVER SHEET AND ATTACH RESPONSE).			
11a. DATE:		11b. CONTRACTOR'S SIGNATURE:	
BLOCKS 12, 13, AND 14 FOR GOVERNMENT USE ONLY			
12. STATEMENT OF GOVERNMENT EVALUATION OF CONTRACTOR'S RESPONSE:			
13. STATEMENT OF FOLLOW-UP ACTION:			
14a. CAR CLOSED OUT	14b. TYPED NAME OF QAS:		14c. SIGNATURE (QAS)