

AFS-600
CORRECTIVE ACTION REQUEST (CAR) FORM

1. Person Initiating CAR: _____ Date: _____
(Complete lines 1 through 4, then route to Branch Manager)

2. CAR Source: Employee Customer Feedback Management Review

3. Problem: Customer Complaint Documentation Product or Process Other _____

4. Deficiency, Discrepancy, or Undesirable Condition, e.g., comment, customer complaint, process problem.

Attach additional sheet if needed.

5. CAR Number: _____ QPM/ISO Reference: _____

6. Assigned By: _____ Assigned To: _____

7. CAR Completion Due Date (include explanation if beyond 30 days): _____

8. Is this a repeat problem? If yes, previous CAR # references: _____

9. Root Cause: *Why the issue originally occurred.*

Attach additional sheet if needed.

10. Corrective Action: *What was done to correct the issue(s) and avoid reoccurrence.*

Attach additional sheet if needed.

11. CAR Completed by: _____ Date: _____

12. Completed CAR returned to Quality Control Officer - Date: _____

13. Verified for Effectiveness by: _____ Date: _____