

QF142	CORRECTIVE ACTION REQUEST
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Audit Scope:		
Auditor:	Assignee:	Forwarded:
Details of Non-conformance:		
Corrective Action:		
Est. Completion Date:		
Preventive Action:		

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Est. Completion Date:	
Close Out – Follow Up	
Corrective Action Verified: / /	Verified by:
Preventive Action Verified: / /	Verified by:
Effectiveness Verified: / /	Verified by:
Follow-Up Car (if applicable)	Assigned to: