Quality Action Request – Corrective Action

Page_____ of ____ (form only, not documentation)

QAR Number:	Date Initiated:	Element Affected:
	☐ **Level 1** ☐ **Level 2**	

Initiated by: (initial and date): _____ QM or AQM: _____

Following Apprised: Supervisor: _____ DNA TL (if DNA related): _____
    Deputy Director: _____

Director Apprised: _____ Date:_____

Description of Event/Investigation/Effect of the Discrepancy:

Written by: Date:

Root Cause:

Remediation Plan: Prepared by: Date:
    Plan Approved* by: Date:

Intermediate Steps Taken/Intermediate Plan:

Permanent Changes (if different):

*For DNA section QARs the TL must pre-approve the remediation plan.

Evidence of Effectiveness:

Effectiveness Review by: Date: