**Corrective Action Report (CAR)**

| **CAR #** |  |
| --- | --- |
| **Date of Issue Requiring CAR** |  |
| **Lead Investigator** |  |
| **Site** |  |
| **Customer Name / Vendor name (if supplier issue)** |  |
| **Product# (if any)** |  |
| **State the Issue** | Major non-conformance (Internal Audit) |
| **Description of Issue & Investigation** | |
| Currently no evaluation being performed to monitor external providers and supplier quality objectives not being met due to supplier non-conformances. | |
| **Root Cause of Issue** | |
| Shortage in resources in quality department therefore no delegation or facilitation of activities | |
| **Corrective Action (Short term & Long term)** | |
| Short term - currently issuing SCAR’s  Long term - Choose four 2 purchasing and two quality members to perform audits at specified supplier sites based on supplier volume and critical to quality parts. | |

Was the Corrective Action effective? ☐ Yes ☐No

As a result of this CAR, should a safety incident report be completed? ☐Yes ☒No

| **Date closed:** |  | **Author:** |  |
| --- | --- | --- | --- |
| **Reviewed by:** |  | | |
| **Communicated to:** |  | | |

**Author Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quality Manager Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Cost associated with CAR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**