



|                     |  |                 |            |
|---------------------|--|-----------------|------------|
| QOL-MSP/L2-001-(01) | MSP for Corrective and Preventive Action |                 |            |
| Rev. Date           | 20-10-2007                               | Original Issue: | 12-08-2006 |

Ref. Procedure: MSP-02 & 06 for Corrective & Preventive Action, Customer Complaints Handling  
 Ref. Clause: 4.8, 4.10, 4.11

## CORRECTIVE AND PREVENTIVE ACTION REQUEST

|  |   |
|--|---|
|  | <input style="width: 100px; height: 20px;" type="text"/><br><b>CPA #:</b><br>To be filled by _____<br>Date: _____   |
| <b>Section A: Reporting</b>  |   |
| MR   |   |
| Reporting Person: _____  |   |
| Department: _____  |   |
| <b>Category of Request</b>   | Nonconformance <input style="width: 40px; height: 20px;" type="checkbox"/> Improvement <input style="width: 40px; height: 20px;" type="checkbox"/><br>Suggestion <input style="width: 40px; height: 20px;" type="checkbox"/> Audit NC <input style="width: 40px; height: 20px;" type="checkbox"/> |
| <b>Problem / Suggestion</b>  |   |
|  |   |
| Signatures: <input style="width: 100px; height: 30px;" type="text"/>   |   |
| <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected      (Respective)      _____ Date: _____   |   |
| <i>MR may finish without assigning tasks further.</i>  |   |
| Assigned for Analysis to: _____ Date _____   |   |
| <b>Section B: Analysis</b>   |   |
| <b>Root Causes:</b>  |   |
|  |   |
| <b>Significance of Non Conformance:</b>  |   |
|  |   |
| <b>Corrective / Preventive Action:</b>   |   |
|  |   |
| Analysis Completed By: _____ Date: _____   |   |
| <b>Section C: Implementation</b>   |   |
| Assigned for implementation by Director to: <input style="width: 150px; height: 20px;" type="text"/> Target Date: <input style="width: 100px; height: 20px;" type="text"/> |   |
| <b>Action completed/Considered/Comments</b>  | <b>Follow-up: By MR</b><br>Action Taken <input type="radio"/> Delayed <input type="radio"/><br>Action Effective <input type="radio"/> Not Effective <input type="radio"/><br>New CPA # : _____  |
| Confirmed by Lab I/C: _____ Closing Date: _____  |   |
| (Signature)  |   |