Preventive Action Request

Format No:

Preventive Action Request No:
Date:
Preventive Action Request to Concern: (1) Product (2) Process (3) System

Department:
Area / Location:

Description of non Conformity
Details of Potential effect(s)

- ❖ Root Cause:

- ❖ Evaluate the need for actions:

- ❖ Implements for Actions

Tentative Date for Effectiveness – Measurement:

Effectiveness measurements:

Status of Preventive Action Request:

Reviewed By : Sign / Date / Stamp Of H.O.D	
M.R Signature	