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| --- | --- | --- | --- | --- | --- | --- |
| Date: |  | Ref: |  |  |  |  |

|  |
| --- |
| **Information of Requester and Problem** |
| Requester | Client-> |  | Supplier-> |  | In-House-> |  |
| Name: |  | Position & Dept: |  |
| Please tick (/) Problem - at people-> |  | at practice-> |  | at paper (document or record)-> |  |  |
| **Section A: Detail of problem identified:**  |
| Affected Process / Document: |  |
| Affected Product / Project: |  |
| Classification: | **MAJOR / MINOR / OBSERVATION** | Sign: |  |

|  |
| --- |
| **Information of Process or Procedure Owner / Quality Management Representative** |
| Name: |  | Contact Info: |  |
| Department: |  | In-House-> |  | Supplier-> |  | Client-> |  |
| Location: |  |
| Please tick (/) – HQ-> |  | Site-> |  | Store-> |  | Others *🖍…*-> |  |
| **Section B - Root Cause** |
| Please tick (/) if the problem is not applicable to organization -> |  |  |
|  |
| **Section C – Action Taken** (Cross if not applicable) | Implementation date |  |
| *No* | *Corrections* | *Correctives* |
|  |  |  |  |
|  |  | Sign:  |  | Date: |  |

|  |
| --- |
| **Section D – Review Of Effectiveness Of Corrective Action Taken** |
| *Corrective Action Taken* | *Review Notes* | *Date* | *Sign* |
|  |  |  |  |
|  |  |  |  |
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