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| **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: | | |  | | | | | |

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| **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 -> | | | | | | | | | | | | | | |  | |  | | | | | |
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| **Section C – Action Taken** (Cross if not applicable) | | | | | | | | | | | Implementation date | | | | | | | | |  | | |
| *No* | *Corrections* | | | | | | | *Correctives* | | | | | | | | | | | | | | |
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| **Section D – Review Of Effectiveness Of Corrective Action Taken** | | | |
| *Corrective Action Taken* | *Review Notes* | *Date* | *Sign* |
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