|  |  |
| --- | --- |
| **Change-Improvement-Corrective Action Request** | **CICAR No.\_\_\_\_\_\_\_** |

|  |
| --- |
| This section only to be completed when raised as a result of an audit finding: Audit No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Change Request, Improvement or Problem/Issue (including cause of problem or issue) & Lessons learned**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Root cause: | Background/Reason |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Raised by:** |  | **Date:** |  |
| **Accepted by:** |  | **Date:** |  |
|  |  |  |  |

**Change or Improvement or Corrective Action** to be undertaken

|  |
| --- |
| **Proposed completion date for Change or Improvement or Corrective Action. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Change/Improvement/Corrective Action completed by:** |  | **Date:** |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Improvement-Corrective Action Request** | **CICAR No.\_\_\_\_\_\_\_** |

**Change Review or Improvement or Long Term Action** (Long Term Fix)

|  |
| --- |
| **Proposed completion date for Change or Improvement or Long Term Action. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Change Review, Improvement or** **Long Term Action completed by:** |  | **Date:** |  |
|  |  |  |  |

**Follow Up & Close Out**

|  |  |  |
| --- | --- | --- |
| **Proposed Follow Up date. Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Procedures required update | Yes/No | **By** |  | **Date** |  |
| Training provided | Yes/No | **By** |  | **Date** |  |
| Action Completed | Yes/No | **By** |  | **Date** |  |
| Change/Improvement/Corrective Action Effective | Yes/No | **By** |  | **Date** |  |
| **Follow up details:** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Close Out/Action completed by:** |  | **Date:** |  |
| **Follow up CAR No.: \_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  |  |  |