



**HSE CORRECTIVE / PREVENTIVE ACTION
REQUEST (CPAR)
(F - 002)**

1. REPORTING/ORIGINATOR

Nonconforming Product / Process	<u>Customer Name:</u> <i>(If CPAR is related to customer complaint)</i> <u>Address:</u>	Date:
HSE related Complaints		
Corrective Action Request		
Preventive Action Request		
Internal Audit		
Management Review		

Description of the Problem (existing or potential):Objective Evidence _____

Identified By:	Position:
Division / Department / Section / Unit:	
HSE Advisor Signature:	CPAR #: Category of Anomalies :
	Date:

2. ANALYSIS

Assigned for Analysis to:

*Responsible Manager (Name / Signature):	Date:
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Root Cause:

Corrective Action / Preventive Action (Incase of potential nonconformity):

Assigned for Analysis	Signature:	Date:
Assigned for implementation to:		Target Date:
The Responsible Manager(Name/Signature) :		Date:

3. IMPLEMENTATION

Action Taken:

Assigned for Implementation (Name/Signature) :	Date:
The Responsible Manager(Name/Signature) :	Date:

4. FOLLOW-UP

The action taken is completed? YES NO (new target date to be agreed) :

HSE Advisor Signature:	Date:
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Please send copy to Management Representative

5. CLOSE OUT

The action taken was effective? YES NO (new CPAR to be issued) :

Close Date:	Management Representative
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