	SCIENCE HIGH SCHOOL SY ive Action Request Form (CA	
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Auditor :		
Date Reported :		LAUSE
Audit () Complaint	() Nonconformity ()
1. DESCRIPTION OF NONCONFORMITY	//COMPLAINT:	
OR IECTIVE EVIDENCE		
OBJECTIVE EVIDENCE:		
CONSCOUENCE.		
CONSEQUENCE:		
Area Representative	Auditor	Agreed Date of
(Signature over Printed Name) 2. CORRECTION (To be filled out by the A	(Signature over Printed Nam Area Representative)	ne) Correction Completion
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Actual Date of Completion:	Noted E	Зу:
3. ROOT CAUSE ANALYSIS (Use back p	page as guide.)	,
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Conducted by: 3. CORRECTION ACTION (To be filled out	Date: Noted by: it by the Area Representative)	Date:
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Actual Date of Completion: 4. RISK/OPPORTUNITY ASSESSMENT	REQUIRES UPDATING?	
NO YES, Date Upda	ted: Verified B	Зу:
5. QMS REQUIRES UPDATING?		
NO YES, DCR No:	Verified E	β γ:
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