



Ames  
Research  
Center

## CORRECTIVE ACTION REQUEST

1. CAR No. \_\_\_\_\_

2. DATE \_\_\_\_\_

### PART 1 – ORIGINATOR

3. ORIGINATOR \_\_\_\_\_

4. ORG \_\_\_\_\_

5. PHONE \_\_\_\_\_

6. E-MAIL \_\_\_\_\_

7.  If Nonconformance is existing, check for Corrective Action  
 If Nonconformance is potential, check for Preventive Action  
 Audit Nonconformance - Report No. \_\_\_\_\_

8. AUDITEE  
\_\_\_\_\_

9. POINT OF CONTACT (guide)  
\_\_\_\_\_

10. REQUIREMENT

Document: \_\_\_\_\_  
Revision Level: \_\_\_\_\_  
Reference Paragraph: \_\_\_\_\_  
Requirement: \_\_\_\_\_

11. DESCRIPTION OF DISCREPANCY (existing or potential)

Objective Evidence: \_\_\_\_\_

### PART 2 – PROPOSED ACTION

12A. RESPONSIBLE DIRECTORATE  
\_\_\_\_\_

13. E-MAIL  
\_\_\_\_\_

14. PHONE  
\_\_\_\_\_

15. EST. CLOSURE DATE  
\_\_\_\_\_

12B. RESPONSIBLE MANAGER  
\_\_\_\_\_

16. ROOT CAUSE (or Analysis for Preventive Action)

\_\_\_\_\_

17A. PROPOSED CORRECTIVE/PREVENTIVE ACTION (if required)

\_\_\_\_\_

17B. RESPONSIBLE DIRECTORATE APPROVAL

\_\_\_\_\_

### PART 3 – RESPONSE

18. ACTION TAKEN

\_\_\_\_\_

### PART 4 – CLOSE OUT

19A. RESPONSIBLE MANAGER CLOSE OUT SIGNATURE  
\_\_\_\_\_

20A. DATE  
\_\_\_\_\_

19B. RESPONSIBLE DIRECTORATE CONCURRENCE  
\_\_\_\_\_

20B. DATE  
\_\_\_\_\_

**PART 5 – VERIFICATION**

21. <b>WAS ACTION TAKEN EFFECTIVE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	22. <b>REASON</b>	23. <b>NEW CAR No. (if necessary)</b>
24. <b>INTERNAL AUDITOR SIGNATURE</b>		25. <b>DATE</b>