

# Corrective Action Request Form (CAR) (IMD031 Rev.1)

**Name of Person Raising CAR**

Lee Payne

**Date**

24/07/2023

**Type**

Opportunity for Improvement / Suggestion

**Source**

External Audit Finding

**Process**

Planning

**Priority**

Low

**Describe the issue/problem/suggestion in detail**

The organisation had not reviewed Appendix B in the NHSS 8 to determine what is relevant to them. The concern being that some applicable requirements may not be addressed.

**Supporting Information**