

<h1>PREVENTIVE ACTION REPORT</h1>		PAR NO.				
		DATE:				
CONCERNED AREA:		INITIATOR:				
<b>POTENTIAL PROBLEM:</b>						
Acknowledged By:		Date:				
<b>POTENTIAL CAUSES</b>						
Done By:		Date:	Reviewed/Approved By:			
Date:		Date:				
<b>AGREED PREVENTIVE ACTION</b>		<b>RESPONSIBLE PERSON</b>	<b>COMPLETION DATE</b>			
<b>FOLLOW-UP EFFECTIVENESS</b>			<b>VERIFIED BY</b> (Sign Over Printed Name)			
<table border="1"><thead><tr><th><u>DATE</u></th><th><u>REMARKS</u></th></tr></thead><tbody><tr><td>          </td><td>          </td></tr></tbody></table>				<u>DATE</u>	<u>REMARKS</u>	          
<u>DATE</u>	<u>REMARKS</u>					
Noted By:						
QUALITY MANAGEMENT REPRESENTATIVE			Page __ of __ Pages			

AGREED CORRECTIVE ACTION	RESPONSIBLE PERSON (SIGN OVER PRINTED)	COMPLETION DATE

Done By: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed/Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
QMR /ARD

## FOLLOW-UP RESULTS

DATE	REMARKS	STATUS	SIGNATURE (Sign Over Printed Name)
		1 <sup>st</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	
		2 <sup>nd</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		3 <sup>rd</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		4 <sup>th</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		5 <sup>th</sup> Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	

Noted By: \_\_\_\_\_  
QMR

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