**Corrective / Preventive Action Report (CPAR)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CPAR Issued to to Locale – Dept – Name of Auditee  **[onshow. dept]** | | | | | | | | | | Date Reported  **[onshow. doa]** | |
| **I.CPAR Description** | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Sources of CPAR *(tick whichever is applicable)*** | | | | |  | IQA Findings |  | Guest Survey / Complaints | |  | Compliance Audit |  | BW Assessment | |  | Spot Audit |  | Next Process Cust'r (NPC) | |  | Officer's Duty / Insp'n |  | Others | | | | | | |  |  | | --- | --- | | **Type of Finding** | | |  | Major NC | |  | Minor NC | |  | Observation | |  | Others | | | | | | |  |  | | --- | --- | | **Reported by:** | | |  | Guest in Rm. No | |  | Assessor/s:QMD, HJCo | |  | NPC | |  | Others | | |
| CPAR Details (Kindly Indicate the complete information & attach supporting docs)  **[onshow. lbl]**  **[onshow. dev]** | | | | | Accepted By: (CPAR Recipient) | | | | | Appeal Results (for Assessment Findings) | |
| Related Policy / Procedure / Documentation  **[onshow. pnp]** | | | | | | |
| Related Standards  **ISO9001:2008** | | | | | Clause/s  **[onshow. cls]** | |
| **II. Problem Analysis (to be filled up by the CPAR Recipient)** | | | | | | | | | | | |
| Root Cause Analysis and Investigation  **[onshow. rca]** | | | | | | | | | | | |
| **III. Corrective / Preventive Action (to be filled up by the CPAR Recipient)** | | | | | | | | | | | |
| (Tick whichever is applicable) | | | | | | | | | | | |
|  | **Corrective Action** | | | | |  | **Preventive Action** | | | | |
| *(action to address DETECTED NC to prevent RECURRENCE)*  **[onshow. cp]** | | | | | | *(action to address POTENTIAL NC to prevent OCURRENCE; tick for Obs finding)* | | | | | |
| Responsible: **[onshow. emp]** | | Implementation Date:  **[onshow. cpdate]** | | | | Responsible: | | | | | Implementation Date: |
| **IV. CPAR Monitoring and Follow-up Results (to be filled-up by auditor / GM / Dept. Manager)** | | | | | | | | | | | |
| Effective CA / PA | | | | | | | | | | | |
|  | **Close – out** | |  | **For continuous monitoring** | | | |  | **For Policy / Procedures inclusion** | | |
| Follow-up Date (should be within 30 days) | | | | | | Followed-up by (GM / DM / Dept. Manager) | | | | | |
| Effectiveness verification conducted by (Auditor) | | | | | | CPAR Close-out Date | | | | | |
| FM-QMD-011-C | | | | | | | | | | | |