## CORRECTIVE/PREVENTIVE ACTION REQUEST

	CPAR -		_
то:	(Mang. Rep.)	FROM:	
CC:	(ADE Const)	DATE:	
			ete a separate form for each item): onconformity or customer complaint.
Signed:		Da	te:
-			the Management Representative)
Received by Manage	ement Representative	: Signed	Date:
Assigned to:		Response reque	ested by Date
	ventive Action Resp		e the root causes of nonconformity or the n will ensure nonconformity does not recur)

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CPAR -	
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C.	Action:	(Determine and implementation of action neede	d)	
	Signed	(Management Representative)	Date:	
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