Corrective Action Form

Project: _____
CAR No.: _____
Date: _____
Contractor: _____
Subcontractor/Supplier: _____
Location: _____
Discipline: ☐ Civil ☐ Architectural ☐ MEP ☐ Electrical ☐ Other

1. Non-Conformance / Observation

_____
_____

2. Reference / Requirement
Drawing No.: _____
Specification/Clause: _____
Inspection Request No.: _____

3. Root Cause

_____
_____

4. Corrective Action Required

_____
_____

5. Corrective Action Implemented

_____
_____

6. Preventive Action

_____
_____

7. Responsible Person / Company
Name: _____
Company: _____
Target Completion Date: _____

8. Verification of Corrective Action

☐ Accepted

☐ Rejected / Further Action Required

Remarks:

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9. Closure

Prepared by: _____ Date: _____

Checked by: _____ Date: _____

Approved by: _____ Date: _____

CAR Status: ☐ Open ☐ Closed