

CAR#

CORRECTIVE ACTION RECORD (CAR)

SECTION I

Description of Non-Conformity:

Individual and/or Laboratory	
Type of Forensic Analysis	
Laboratory and/or Agency Case Number (if known/applicable)	
Date of Incident, Analysis, or Report (if known/applicable)	
Source/Person Identifying the Non-conformity	
Date	
Team Responsible for Corrective Action	
Due Date	
Quality Manager	

SECTION II – Please write a brief statement of event(s). Use additional sheets if necessary.

Major Area/Situations Investigated (events/procedures which led to the non-conformity):

Findings (Root Cause):

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SECTION III – Use additional sheets if necessary.

Short-term response, impact on past work and remedial action(s) taken:

Corrective Action Plan taken to prevent recurrence:

For corrective action plans that require an extended period of time, submit a progress report to the Quality Manager every 15 days. If CAR is complete, include evidence of completion with the response.

Plan Accepted	Yes		N/A	
Inquiry Team Leader				
Technical Leader				
Quality Manager				

SECTION IV: FINAL RESOLUTION:

Plan Completed	Yes		No	
Policy/Procedure Updated	Yes		No	
Verification of Effectiveness	Yes		No	
Closed	Yes		No	
Quality Manager Approval				
Assistant Director Review				