

NATIONAL HIGHWAY AUTHORITY (NHA)

QUALITY ASSURANCE CELL

CORRECTIVE ACTION REQUEST (CAR)

DOC#NHA/ISO/F-05 REV#00

Department/Section/Cell/Office:		Page:	of
Name of Auditee:		Audit Date:	
Name of Auditor:			
Description of Non-conformity (NC)			
Category of NC: Major / Minor / OBS (Tick one as req'd)			
Agreed Date of corrective action verification/re-visit/re-audit: _____			
_____ Auditee Signatur		_____ Auditor Signature	
To be filled by the auditee.			
What was the root cause of NC?			
What corrective action(s) taken to prevent reoccurrence of NC?			
What preventive action(s) taken to prevent occurrence of NC?			
Auditee Signature: Date:			
Verification of Corrective Action by the auditor. (Closing out CAR)			
_____ Auditor Signature	_____ Auditee Signature	_____ ATL Signature	_____ Audit Verification Date