

# NATIONAL HIGHWAY AUTHORITY (NHA)

## QUALITY ASSURANCE CELL

### CORRECTIVE ACTION REQUEST (CAR)

DOC#NHA/ISO/F-05 REV#01 Issued on 17.09.2020

Department/Section/Cell/Office:		Audit Date:	
Name of Head/Incharge of the office (Auditee)			
Name of ATL & Auditor(s):			
Description of Non-conformity (NC) <b>Please indicate only one NC on one CAR form.</b>		Major NC	Minor NC
<b>Please indicate only one NC here.</b>			
Violation of clause of ISO 9001:2015:-----			
Agreed Date of Corrective action verification/re-visit/re-audit:			
Signature of Head/Incharge of the office (Auditee)		Signature of Auditor	
<b>TO BE FILLED BY THE AUDITEE</b>			
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?			
Signature of Head/Incharge of the office (Auditee): ..... Date: .....			
<b>TO BE FILLED BY THE AUDITOR</b>			
Verification of Corrective Action by the auditor. (Closing out CAR)			
_____	_____	_____	_____
Auditee Signature	Auditor Signature	ATL Signature	Audit Verification Date