طلب إجراء تصحيحي/ وقائي

**CORRECTIVE / PREVENTIVE ACTION REQUEST**

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| --- | --- |
| **Date** ............................................................................................................. **التاريخ** | **رقم الطلب** ......................................................................................**Request No.**  |
| **Relevant Department/ Division**............................................................................................................................................................... **الدائرة المعنية/ القسم** |
| **Area المنطقة** □ Problem Report □ Internal Audit □ Customer Complaints □ Management Review □ NCMR تقرير مشكلة تدقيق داخلي شكوى عميل حالة عدم مطابقة مراجعة إدارية  |
| **Problem Description (وصف المشكلة):**................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  Management Rep. Sign.: ........................................... Date: .............................................................................................. |
| **Corrective/ Preventive Action Required (الإجراء التصحيحي/ الوقائي المطلوب):**................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................  Scheduled Completion Date: .**...........................................** Approval: ............................................................................................ |
| Scheduled Follow-up Date | .................... ................................... | .................... ................................... | .................... .................... ... |
| Actual Follow-up Date: ............................................................. | Signature of Relevant Personnel: ................................................... |
| Action Completed: 🞏 No. (New Request # ………….… ). |  🞏 Yes. Close-out Date: ................................................................................. |
| Management Representative Signature: ..................................................................................................................................................................................... |