طلب إجراء تصحيحي/ وقائي

**CORRECTIVE / PREVENTIVE ACTION REQUEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: ..................................................................................................................................................................................... | | | | |