

FO-04-18

Issue No. 1

Rev. No. 0



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DCWD CALIBRATION LABORATORY

CORRECTIVE AND PREVENTIVE ACTION REPORT (CPAR)

Part 1 (To be filled-up by the Document Controller In-charge)

Requisitioner : _____ Date: _____ CPAR # _____

BRIEF DESCRIPTION OF NON-CONFORMITY/ ISSUE:

Personnel/ Team Leader	_____	Conforme (Signature)	_____
Division / Quality Manager or Auditor or Inspector	_____	Conforme (Signature)	_____
Approved by	_____	Signature	_____
Recorded by	_____	Signature	_____

Part 2 (To be filled-up by the Assigned Personnel/ Team Leader)

INVESTIGATION & EVALUATION OF / / ROOT CAUSE / / POTENTIAL PROBLEM

CORRECTIVE OR PREVENTIVE MEASURES

	ACTIVITIES	TARGET DATE	RESPONSIBLE
CORRECTIVE ACTION	_____	_____	_____
PREVENTIVE ACTION	_____	_____	_____
ATTACHMENT (Pls. Specify)	_____		

Prepared by: _____ Assigned Personnel / Team Leader	Reviewed by: _____ Division/ Quality Manager	Approved for Implementation by: _____ Department Manager/ Lab. Executive Director
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Part 3 (To be filled-up by the Division/ Quality Manager/ Auditor / Inspector)

FOLLOW UP

DATE	REMARKS	VERIFIED BY
_____	_____	_____
_____	_____	_____

Part 4 (To be filled-up by the Department Manager/ Lab. Executive Director)

CONCLUSION:

Extended until _____ Re-issuance, specify reason _____

Closed / Corrective or Preventive Measure is effective Others _____

Closed by: _____ Department Manager/ Lab. Executive Director	Recorded by: _____ Document Controller/ Secretary In-Charge
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