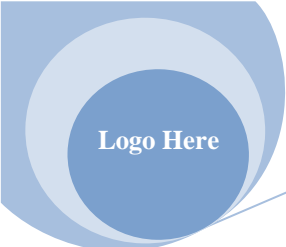


QMR 012 Corrective Action Request

CORRECTIVE ACTION REQUEST	
Corrective Action Report Number:	
Issued to:	
Date:	
The following Non-compliance has been noted:	
Reference Audit Report or Food Safety System Area	
Risk Assessment: High / Medium / Low	
Corrective action required:	
Person Responsible for corrective Action:	
Target Date to be completed by:	
Details of Action taken:	
Sign to confirm action completed:	
Date Completed:	



QMR 012 Corrective Action Request

COMPLETED CORRECTIVE ACTION REVIEW		
Corrective Action Report Number:		
Issued to:		
Date:		
Results of Audit to confirm corrective action is complete		
Results of Quality Manager review of the effectiveness of the actions taken in eliminating or reducing the cause of the non-conformance		
Corrective Action Status Closed or Incomplete?	Closed	Quality Manager Closes Out the Corrective Action Below
	Incomplete – New Request Raised	Enter New Corrective Action Request Number Here

* Corrective Action Request Closed / Corrective Action incomplete New Corrective Action Request Number..... Raised

* Delete as applicable

Signed: Quality Manager

Date:

Revision Number	Summary of Changes made from previous revision	Requested By:	Authorised By:
2	Update to meet the requirements of BRC Global Standard for Storage and Distribution	Quality Manager	Site Director