REQUEST FOR ACTION (RFA)

Section 1 – Details of Nonconformity (To be accomplished by the Auditor/ Initiator)		
Date:	References: (manuals, procedures, policies, ISO clauses, etc.)	RFA Number:
Auditor/ Initiator: _____ Signature over Printed Name		**Nonconformity** (Non-fulfillment of requirement)
		Observation (Does not signify failure in the system but maybe enhanced)
Details: (As a result of)		Office:
☐ Internal Quality Audit ☐ Customer Feedback ☐ Other (Pls. specify) _____		
Issued by: _____ Signature over Printed Name	Issued to: (Office Head) _____ Signature over Printed Name	

Description of the Nonconformity/Observation: *(Include evidence)*

Acknowledged by: _____

Section 2 – Necessary Action(s) (To be accomplished by the Auditee/ Process Owner)	
Correction:	Target Completion Date: _____
Root Cause Analysis:	Analyzed By: _____

Describe the necessary Corrective Action(s):

Approved By: _____   Target Completion Date: _____

Section 3 – Verification of Implementation and Effectiveness (To be accomplished by the Initiator)	
Results of Action(s) Taken	Remarks
Verified By: _____	Verification Date: _____
Acknowledged By: _____	Next Verification Date: _____
Results of Action(s) Taken	Remarks
Verified By: _____	Verification Date: _____
Acknowledged By: _____	Next Verification Date: _____

Rev. 0

CORRECTIVE ACTION STATUS REPORT
(Year_____)

RFA No.	NC Description	Details (as a result of)	Initiator	Recipient	Date Issued	Target Date of Implementation	Verification Date/ Status	
							First	Second