



**C/PAR Form** (Complete all sections)

Corrective/Preventive Action Request Form				
<b>Section 1: To be completed by <u>Issuer</u></b>				
School: SPMS Issuer (Name):		Date Issue:	C/PAR Number <i>(issued by SPMS C/PAR Controller)</i> :	
Receiving School/Company:		Recipient Name:		
Description of Nonconformity: <i>(Attach Photo or use separate sheet where applicable)</i>				
<b>Section 2: To be completed by <u>Recipient</u> <i>(to be completed within 10 working days and send back to Issuer)</i></b>				
State Possible/Root Cause(s): <i>(attach separate sheet if necessary)</i>				
<b>State Corrective and Preventive Actions To Be Taken</b>				
<u>S/N</u>	<u>Action(s)</u>	<u>Person Responsible</u>	<u>Completion Date</u>	<u>Status</u>
<b>Section 3: Review and Closure by <u>Issuer</u></b>				
Issuer to verify the completion of the Preventive/Corrective Action(s) before signing off. Remarks:				
Name (Issuer): _____ Date: _____				

**Note:** Issuer to send a copy of this form during the issuance and closure to the SPMS C/PAR Controller ([ricky.limkc@ntu.edu.sg](mailto:ricky.limkc@ntu.edu.sg))