*Facility/Plant Name*

**Corrective and Preventative Action Request (CAR)**

| | |
|---|---|
| **A. Audited Area/Department**: | |
| *Audit Date:*<br>*Auditee(s):* | *Auditor(s):*<br>*Date*: |
| **B. Description of Non-Conformance:**<br><br>Audit Criteria:<br>Applicable ISO 14001 Element: | **C. Root Cause Analysis:** |
| **D. Corrective Action:**<br><br>Date of Implementation: | |
| **E. Preventative Action**:<br><br>Date of Implementation: | |
| **F. Verification:**<br><br>Date of Verification: | |
| *Auditor (signed):* | *Date:* |