

## The Practicing Institute of Engineering, Inc.

## **Corrective Action Report/Request (CAR)**

	CAR # Ref. Project #	Audit #	Audit Date	
	Sponsor Name			
	Responsible Individual			
IDEI	NTIFICATION OF CONDITION:			
REF	F. PROCEDURAL/PROCESS VIOLATED:			
COM	MMENTS:			
Prep	pared by	Title		
	nature			
		Suit		
CAR ISSUANCE ACKNOWLEDGEMENT  Signature of Responsible Individual				

6 Airline Dr, Albany, NY 12205 -- (518)-283-7493 -- fax (518)-283-7495 -- www.practicinginstitute.org

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## PROPOSED CORRECTIVE ACTION NOTE: Corrective Action due within 10 working days of CAR date. SCHEDULED CORRECTIVE ACTION COMPLETION DATE **CORRECTIVE ACTION** Prepared by \_\_\_\_\_ Date \_\_\_\_\_ CONCURRANCE WITH CORRECTIVE ACTION Prepared by \_\_\_\_\_ Date CORRECTIVE ACTION COMPLETION Prepared by \_\_\_ Title Responsible Individual Signature \_\_\_ Date \_\_\_\_\_ Verified by \_\_\_\_\_

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