

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
BIOTECHNOLOGY REGULATORY SERVICES

**QUALITY MANAGEMENT SYSTEM
ACTION REQUEST**

1. ACTION IDENTIFICATION NO.:

2. COMPLETION DUE DATE:

SECTION I - ORIGIN OF REQUEST AND ASSIGNMENT

3. ORIGINATOR'S NAME:

4. DATE ACTION REQUEST WAS PREPARED:

5. TYPE:

NCR

CAR

PAR

CIR

6A. SOURCE:

INTERNAL AUDIT

EXTERNAL AUDIT

PROCESS FAILURE

FEEDBACK

6B. DATE AND IDENTIFICATION OF SOURCE
(if applicable):

7. QMS DOCUMENT DETAILS *(if known and/or applicable):*

A. QMS DOCUMENT NAME:

B. QMS DOCUMENT NUMBER:

C. REFERENCE PARAGRAPH:

8. DESCRIPTION OF ISSUE OR OPPORTUNITY FOR IMPROVEMENT:

9. REVIEWER'S NAME AND DATE THAT ACTION REQUEST WAS ASSIGNED:

SECTION II - ACTION

10. DESCRIPTION OF ACTUAL OR POTENTIAL CAUSE OF THE ISSUE:

11. DESCRIPTION OF ALL ACTIONS TAKEN TO (1) RESOLVE THE ISSUE AND/OR IMPLEMENT THE OPPORTUNITY FOR IMPROVEMENT, AND (2) PREVENT OCCURRENCE OR RECURRENCE OF THE ISSUE *(provide documented evidence of actions such as links or attachments):*

SECTION III - COMPLETED ACTION

12. REVIEWER'S NAME AND SIGNATURE, AND DATE OF COMPLETION:

SECTION IV - CLOSURE

13. APPROVER'S NAME AND SIGNATURE, AND DATE OF CLOSURE: