

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: <input type="checkbox"/> INTERNAL AUDIT <input type="checkbox"/> EXTERNAL AUDIT <input type="checkbox"/> PROCESS FAILURE <input type="checkbox"/> FEEDBACK	6B. DATE AND IDENTIFICATION OF SOURCE <i>(if applicable):</i>
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7. QMS DOCUMENT DETAILS *(if known and/or applicable)*:

A. QMS DOCUMENT NAME:	B. QMS DOCUMENT NUMBER:	C. REFERENCE PARAGRAPH:
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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: