

<b>EMS AUDIT CORRECTIVE ACTION REQUEST</b>		<b>CAR NO.</b>
<b>TO EMR:</b>		<b>AUDIT DATE:</b>
<b>FROM LEAD AUDITOR:</b>		
<b>RECEIVED BY:</b>	<b>DATE:</b>	
<b>NON CONFORMANCE CATEGORY:</b> <input type="checkbox"/> <b>MAJOR</b> <input type="checkbox"/> <b>MINOR</b>		
<b>LOCATION:</b>		<b>DISCUSSED WITH:</b>
<b>STATEMENT OF REQUIREMENTS (ISO 14401 STANDARD)</b>		
<b>FINDINGS/CONCERNS (Objective Evidence):</b>		
<b>RECOMMENDATIONS:</b>		