|  |  |
| --- | --- |
| **Business name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date CAR raised:** | |  | | | | | | | | **Person raising CAR:** | | |  | | | |
| **What is the problem?** | | |  | | | | | | | | | | | | | |
| **What caused the problem?** | | | |  | | | | | | | | | | | | |
| **Has the problem occurred before?** | | | | | |  | | | | | *If yes, to be reviewed by owner or appropriate senior manager.* | | | | | |
| **Short term fix (what can be done now to fix the problem)?** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ***Person responsible for action:*** | | | | |  | | | ***Date action completed:*** | | | |  | | ***Signature upon completion:*** | |  |
| **Long term fix (what can be done to prevent the problem from happening again)?** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| ***Person responsible for action:*** | | | | |  | | | ***Date action completed:*** | | | |  | | ***Signature upon completion:*** | |  |
| **Have the actions taken been effective?** | | | | | | |  | | | | *If no, complete another CAR to identify alternative actions to be implemented.* | | | | | |
| ***Reviewed by:*** |  | | | | | | | ***Signature:*** |  | | | | | ***Date of review:*** |  | |