Appendix A

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	**Corrective Action Request (CAR)**	**Form Number: NP 16-1-1** **Page ___ of ___**

1. Corrective Action Request Number: _____

Initiator: _____ Date: _____
Printed Name

2. Significant Condition Adverse to Quality (SCAQ)? ☐ Yes ☐ No Stop Work? ☐ Yes ☐ No

_____ Date: _____
SNL QA Team Lead or Audit Team Leader's Printed Name and Signature (ONLY required if SCAQ or Stop Work)

_____ Date: _____
SNL WIPP Responsible Manager's Printed Name and Signature (ONLY required if Stop Work)

3. Deviation identified during Audit/Surveillance No: _____ Supplier (if applicable): _____

Other: _____ Contract No: _____

LEAVE THIS BLOCK BLANK IF NOT APPLICABLE

4. Procedure Reference: _____ (Cite procedure & section, document, form, etc. with a brief description)

5. Deviation: (Provide sufficient detail to allow determination of appropriate corrective actions. Include attachments as necessary)

6. Proposed Corrective Action: Complete Form NP 16-1-2, Corrective Action Plan (CAP, Appendix B)

CAP Response Due Date: _____ (Normally 30 calendar days for CAQ or 10 calendar days for SCAQ)

Individual(s) Responsible for Submitting CAP (Point of contact for tracking system):

_____ Date: _____
Printed Name of Delegate Signature

_____ Date: _____
Printed Name of Delegate Signature

7. Concurrence:

_____
Printed Name of QA Staff Signature Date

_____
Printed Name of Responsible Manager Signature Date

Forward Copy to Manager/Responsible Individual(s) & Send Original To QATSC

Records Code: _____