

<b>Document Title</b>	NCR & CAR Report	Insert Company Logo
<b>Document Type</b>	Form and Template	
<b>Document No:</b>	FSMS-FT-020	
<b>Version No:</b>	1	
<b>Author:</b>	Insert Author	

Originator: Insert Originator	NCR/CAR No: 01
Work Area: Human Resources	Date: Insert Date

Client Complaint	Audit Finding	Supplier Problem	Day-to-Day Operations	System	Trend Analysis
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**DESCRIPTION OF THE PROBLEM / POTENTIAL PROBLEM**

Incomplete documentation.  
 Induction forms were not signed by the employee and management members. Employee's information was not captured.  
 Sample /s: Name of an employee

**RESULTS OF ROOT CAUSE ANALYSIS**

Human resources and relevant managers did not ensure and verify that the documents were completed.

**5-WHY ANALYSIS**

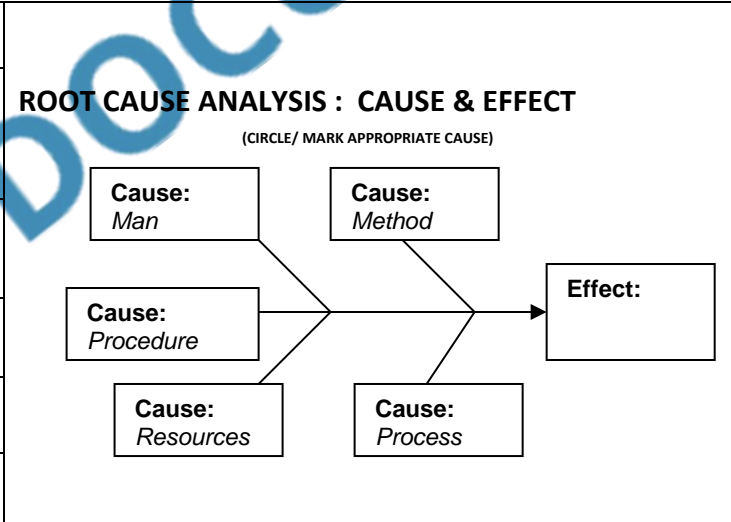
Human resources and relevant managers did not ensure and verify that the documents were completed.

Employees did not ensure that the documents were complete.

N/A

N/A

N/A



**CORRECTION**

**CORRECTIVE ACTION**

Human resources to ensure that all induction forms are completed.

Risk assessment to Updated?	No.
Change to Food Safety Management System Required? If yes, state changes required.	No.

Insert Effective Date:

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Due Date:		Responsible person: Human Resources Manager	
<b>ACTIONS TAKEN TO PREVENT RE-OCCURRENCE</b>			
All induction forms are to be verified before kept away for record purposes.			
<b>NCR/CAR STATUS?</b>	<b>OPEN</b>	<b>CLOSED</b>	<b>Escalation: Y / N</b>
Originator: Name of the Auditor	MR:	Date Closed:	



SAMPLE DOCUMENT