DCA CORRECTIVE ACTION REPORT

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Audit Reference Number | | | | | | | CAR Number | | | |
|  | | | | | | |  | | | |
| Auditor | | | | | | | Responsible Manager | | | |
|  | | | | | | |  | | | |
| DCA Audit Reference | | | | | | | Agreed Closure Date | | | |
|  | | | | | | |  | | | |
| Level 1 |  | Level 2 |  | | Observation |  | | No. of Days | |  |
| Audit Finding: | | | | | | | | | | |
|  | | | | | | | | | | |
| Specify Audit Finding Reference: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Immediate Corrective Action: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Root Cause Analysis: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Root Cause Correction: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Follow Up Action: | | | | | | | | | | |
|  | | | | | | | | | | |
| 1. Closure Action: | | | | | | | | | | |
|  | | | | | | | | | | |
| **SIGNATURE BLOCK (DESIGNATED COMPLIANCE MONITORING MANAGER)** | | | | | | | | | | |
| Name: | | | | Signature: | | | | | Date: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR BRUNEI DEPARTMENT OF CIVIL AVIATION USE ONLY** | | | | |
| DCA Audit Reference: | | | | |
| ACCEPTED |  | REJECTED | |  |
| Remarks (if **rejected**): | | | | |
|  | | | | |
| Name | | | Position | |
|  | | |  | |
| Signature | | | Date | |
|  | | |  | |