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:
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|  |
| 1. Root Cause Correction:
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|  |
| 1. Follow Up Action:
 |
|  |
| 1. Closure Action:
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|  |
| **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 |
|  |  |