


 **R-3 CORRECTIVE ACTION REQUEST**

Name of farm/building identification: PID#:

Site Manager: Person in charge: Date:
(yy/mm/dd)

SECTION A: DESCRIPTION OF THE NON-COMPLIANCE

 Non-compliance Details/Description <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Critical	
Producer Manual section number:	
Audit question number:	
Non-compliance description:	

In many cases of minor or major non-compliance, the proof of the corrective actions taken can be provided electronically (e.g., documents or photos). However, an on-site follow-up may be required to evaluate the implementation and effectiveness of the corrective actions. If the validator decides that an on-farm visit is required, the validator needs to contact the PigSAFE PigCARE provincial coordinator before visiting the site. (If the observed non-compliance is critical, the validator must inform the provincial coordinator immediately, i.e., within 24 hours.)		Follow-up date Date by which an answer to the corrective action request is required: (yy/mm/dd)
Is an on-site visit required to evaluate the implementation of the corrective action? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Site Manager name (print)	(Signature)	Validation date (yy/mm/dd)
Validator name (print)	(Signature)	

SECTION B: ACTION PLAN

The validator may give the producer a reasonable amount of time to show that the corrective action(s) requested has been implemented (and, in the case of major non-compliance, to demonstrate the effectiveness of the action taken).

Describe the actions taken to correct the non-compliance noted above:
(i.e., explain the immediate action that was taken to bring the non-compliance under control)

Main causes of the non-compliance:

Explain the corrective actions taken to eliminate the cause of this non-compliance and prevent a recurrence:

Describe the proof (e.g., record, photo or video sent electronically) to demonstrate that the requested corrective actions were implemented:

Site Manager name (print): _____

Signature: _____ **Date:** _____

SECTION C: CLOSURE OF CORRECTIVE ACTION REQUEST (FOR VALIDATOR USE ONLY)

Evaluation Performed: <hr/> <hr/> <hr/> <input type="checkbox"/> OFF-SITE <input type="checkbox"/> ON-SITE	
Decision Following the Evaluation: <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> NOT ACCEPTABLE <input type="checkbox"/> EFFECTIVENESS TO BE VERIFIED AT NEXT VALIDATION	
Name of validator (print)	Date of closure