

## REQUEST FOR ACTION

PAROLE AND PROBATION ADMINISTRATION

Document Code	OTA-PWI-012
Revision Number	003
Page Number	1 of 2
Effectivity Date	May 25, 2021

Reference Number :	
This portion is to be filled-out by the Initiator/Auditor and submitted to the Immediate Superior	or/QMR/IQA Team Leader for issuance.
Functional Area:	" NC " OFI
DESCRIPTION	
Action request as a result of: " IQA " External Audit " Process Monitori " Others	ng Customer Complaints
REFERENCE (cite the section or title of the manual, procedure, policy, stands	ards, etc.)
Initiator/ Auditor: Issued by: QMS Leader	Issued to:Auditee/Concerned
Chief	
This portion is to be filled-out by the RCPAF recipient and returned to IQA Team Leader with	n ten (10) working days upon receipt.
DISPOSITION/ ACTION Correction (Immediate Action) Date complete	ed:
ROOT CAUSE (attach separate sheet if needed)	



## REQUEST FOR ACTION

PAROLE AND PROBATION ADMINISTRATION

Document Code	OTA-PWI-012
Revision Number	003
Page Number	2 of 2
Effectivity Date	May 25, 2021

CORRECTIVE ACTION (must address root cause Target completion / implementation date:							
Propared by:		Approved by:					
Prepared by:  Signature above printed name (Auditee/Concerned Chief)		Approved by:QMS Leader					
	This portion to be filled-out by the IQA T	eam Leader or his/he	er delegate.				
FOLLOW-U	P						
Date	Result / Additional Action Plan (if unresolved)	Status / Remarks	Follow-up Conducted by	Auditee / Process Owner / Chief / QMS Leader			
Initial/ 1st							
2nd							
3 <sup>rd</sup> / Final (care of Management Review)							