

HEXATECH	QUALITY SYSTEM ADMINISTRATION	Issue No.: 1	Document Effective Date: 01 Mar 2017	Page 1 of 1
Date:	Process Improvement Action Report	Revision No.: 0		Document Ref: QSA-REC-PIAR

Department Name :	Manager Name :
Improvement Area : Non-conformity / Project Delivery / Project Budget / Customer Satisfaction (Delete where applicable)	Luanch Date :
Function Involved :	Required Completion Date :

No.	Description of action plan or changes required for improvement of process (Improvement program title)	ISO Procedure / Method Statement Reference	Description of implementation activities, timescales and responsibilities	Action by	Are actions taken satisfactory? YES / NO	Department Manager's comment after verifying, validating and evaluate the action taken or changes made

Prepared by:	Verified by:	Approved by:	Recorded / Filed by:
Signature:	Signature:	Signature:	Signature:
Name:	Name:	Name:	Name:
Appointment:	Appointment: IM	Appointment: MD	Appointment: QSAE
Date:	Date:	Date:	Date: