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| **Improvement Request (IR) Report No:**  | IR……./20…..-20….. |
| **Nature of IR *(if applicable)*:** | Creation of new document/form Amendment to existing document/form Other *(please specify) ……………………………………………………………………..* |
| **Accreditation scheme *(if applicable)*:** |  |
| **Requested by:**  |  |
| **Date:** |  |
| **PROPOSED OPPORTUNITY FOR IMPROVEMENT *(Please provide Justification)*** |
| **Reference to clause/sub-clause of ISO/IEC 17011/Mandatory Documents** |  | **Reference to MAURITAS Documents** |  |
| **Signature of MAURITAS Staff:** |
| **Name of Responsible Officer: Signature: Target Date: .****IR Proposed approved by Director: Yes No Signature: Date: .** |
| **NEW DEADLINE (If Applicable) more space & repeat rows****Name of Responsible Officer: Signature: New Target Date: .****Approved by Director: Signature: Date: .***Note: For subsequent new deadlines, fill in Annex A* |

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| **Corrective Action Taken:** |
| **Date of action taken: . .****Name of Responsible Officer:. Signature: .*****Documentary Evidence (attach supporting evidence, if necessary)*** |
| **Date of Verification: more space Name of MAURITAS Staff: Signature:. .** |

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| **Report closed on: . Signature of Quality Manager:. .** |

**Annex A**

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| **New Target Date** | **Name of Responsible Officer** | **Signature** | **Approved by Director** | **Date** |
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