	Corrective Action Report (CAR) Part III	**Form Number** **16.1-3** **Page ____ of ____** **(EMCBC USE ONLY)**

25. CAR No:

26. Response Evaluation:

Date Response Received:	Date Evaluated:	Accept or Reject:

27. Comments if Rejected:

QAR: _____ _____ _____
Print/Type Name Signature Date

28. Results of Action Verification and Recommendation for Closure:

QAR: _____ _____ _____
Print/Type Name Signature Date

Audit/Surveillance No.: _____

QA Lead: _____ _____ _____
Print/Type Name Signature Date