



**CORRECTIVE ACTION REQUEST**  / **MPI AUDIT REPORT**

Facility name: <u>Arborgen</u>	Operator/Delegate: <u>9(2)(a)</u>
Basis of Audit/Inspection: <u>delayed Annual</u>	ATF Code: <u>13491</u>
MPI Auditor/Inspector: <u>Crystal Lange</u>	Date of Audit/Inspection: <u>1/12/2015</u>

**AUDIT OUTCOME:** Compliant  Non-Compliant  Suspended

**Non-Compliance(s)/Recommendations:** **Minor/Major/Critical** - (please specify) **Mi/Mj/Cr**

NC 1A - Manual not updated to reflect change in ops. Dr.  
DB - Internal audit not conducted as only stored items are assessable.

Recommendation: Dispose / transfer samples + close micro facility

**Date to be completed by:** 22/1/2016  
Please read conditions on reverse side of this form

Signed 9(2)(a) ..... Signed [Signature] .....  
 Operator/Delegate MPI Inspector  
Indicates Understanding of C.A.R.

**Section for Operator/Delegate to complete prior to sending to the Ministry for Primary Industries**

**Corrective action(s) taken:** ..... **Date action(s) completed:** .....

Signed ..... Date .....

Operator/Delegate to sign and date

**Once completed by Operator/Delegate fax/email to:** ..... **Attention:** .....

**MPI follow up:** (section to be filled out by MPI Inspector)

Corrective action(s) acceptable  Further evidence required  Follow up visit required  Audit closed

**Comments:**

Signed ..... Date .....

Inspector