Corrective and Preventive Action Form

(Ref. SOP QMS-175)

Originator					
Subject					

Source of CAPA

- ☐ Nonconformity from internal audit
- ☐ Repeat deviations
- ☐ Product Review
- ☐ Complaint
- ☐ Suggestion for improvement
- ☐ Other _____

Description of issue requiring corrective action

Name		Signature		Date	

Quality Assurance Review

☐ Not approved

Reason for not approving CAPA

Name		Signature		Date	

☐ Approved CAPA Plan Due Date: _____

Immediate Action Required

Assigned to:				CAPA #	
Name		Signature		Date	

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(Ref. SOP QMS-175)

Management Action					
Analysis of Root Cause: (if insufficient room please attach)					
If Risk Assessment is required please attach. If not required, please explain					
Corrective Action Plan		Due Date:			
Action				Responsibility	Due Date
Manager		Signature		Date	
QA Approval		Signature		Date	

Quality Assurance Follow up / Verification					
List documented evidence of CAPA implementation					
Name		Signature		Date	
Effectiveness Review					
☐ CAPA Closed					
Name		Signature		Date	