**Corrective and Preventive Action Report**

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| **Action Title:** [Enter brief title/description here.]  | **Date:** [Select a date.] |
| **CAPA Number:** Enter # [ ]  **Corrective** [ ]  **Preventive** |
| **Initiator Name:** [Click here to enter name.]**Title:** [Click here to enter title.] **Department:** [Click here to enter department.] | **Related Documents** *(e.g. Deviation or Non-conformance IDs)***:** [Click here to enter document ID(s).] |

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| **Describe Problem/Issue/Event:***(Include details such as method ID, lot #s, dates, and personnel)*  | [Click here to enter text.] |
| **Samples Impacted:** | [Enter Sample ID(s)][ ]  **N/A** |
| **Equipment Impacted:** | [Enter Equipment ID(s) and Location (s)][ ]  **N/A** |
| **SOPs Impacted:** | [Click here to enter text.][ ]  **N/A** |
| **Root Cause Investigation:***(Describe the root cause investigation and final determination; attach additional page(s) as needed.)* | [ ]  **N/A** *(Random Error)*[Click here to enter text.]  |

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| **#** | **Steps Taken to Eliminate the Problem**  | **Task Owner** | **Due Date** | **Date Complete** |
| **1** | [Click here to enter text.] | [Owner name.] | [Select a date.] | [Select a date.] |
| **2** |   |   |   |   |
| **3** |   |   |   |   |
| **4** |   |   |   |   |
| **5** |   |   |   |   |
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| **Additional Action Plan Information:** [Click here to enter text.] |

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| **Date of completion of all** **tasks:** [Select a date.]

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|  | **Approval Signature** |  | **Date** |
| **Analyst** |  |  | [Select a date] |
| **Supervisor** |  |  | [Select a date] |

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| **Verify CAPA Effectiveness** *(30-60 days from completion date)***:**[ ] all tasks have been executed[ ]  no recurrence of problem in last 30 days[ ]  no new problems related to actions taken**Summary** *(include any changes to the plan or additional comments/details)*: [Click here to enter text.] |
| **Performed by: Date:** [Select a date] |