

CAPA FORM

Corrective Actions & Preventive Actions

Format No.:

CAPA Reference No.:		Start Date:	
Non Conformity / Improvement/ Preventive Action:			
Details			
Present Status	Target:	Target Date:	
CAPA Leader:			
Team Member:			
1.			
2.			
3.			
4.			
5.			
6.			
Root cause analysis			
Corrective action:	Responsibility	Target date of completion	Actual date of completion
Horizontal Deployment / Preventive Action	Responsibility	Target date of completion	Actual date of completion
Document change :	Responsibility to change	Target date of completion	Actual date of completion
Verified By :			