

# Corrective and Preventive Action (CAPA) Form

Please complete all sections of this form to document, investigate, and resolve non-conformances or deviations.

## 1. General Information

CAPA Number: <input type="text"/>	Date Initiated: <input type="text"/>
Initiator Name: <input type="text"/>	Department: <input type="text"/>
Source of Issue (e.g., Internal Audit, Customer Complaint, Equipment Malfunction): <input type="text"/>	

## 2. Problem Description

Detailed Description of the Problem/ Non-Conformance: <input type="text"/>
Immediate Correction Taken (Action taken to contain the issue immediately): <input type="text"/>

## 3. Root Cause Analysis

Investigation Method / Summary of Findings: <input type="text"/>
Identified Root Cause: <input type="text"/>

## 4. Corrective Action Plan (To Eliminate Root Cause)

Proposed Corrective Action: <input type="text"/>	
Person Responsible: <input type="text"/>	Target Completion Date: <input type="text"/>

## 5. Preventive Action Plan (To Prevent Recurrence in Similar Areas)

Proposed Preventive Action: <input type="text"/>	
Person Responsible: <input type="text"/>	Target Completion Date: <input type="text"/>

## 6. Verification and Closure

Verification of Effectiveness (Details of how the actions were verified as effective): <input type="text"/>	
Authorized Sign-Off (Name/Title): <input type="text"/>	Date Closed: <input type="text"/>