Corrective and Preventive Action (CAPA) Form

Directions: Complete all sections of this form to document, investigate, and resolve non-conformances, quality issues, or process deviations.

1. CAPA Identification Details			
CAPA Number:		**Date Initiated:**	
Initiator Name / Title:		**Department/Area:**	
Source of Issue (e.g., Audit, Complaint, Deviation):			
2. Description of Non-Conformance / Problem			
Provide a detailed description of the observed issue, including what happened, when it occurred, and who or what was affected:			
3. Root Cause Analysis			
Describe the investigation process and the identified root cause(s) of the issue:			
4. Corrective Action Plan (Immediate Actions Taken)			
Action Item Description		**Assigned To**	**Target Completion Date**
5. Preventive Action Plan (Actions to Prevent Recurrence)			
Action Item Description		**Assigned To**	**Target Completion Date**
6. Verification and Sign-Off			
Verification Method:			
Verified By Name/Signature:		**Verification Date:**	
Quality Assurance Approval Name:		**QA Approval Date:**	