

Auditee: Audit Location: Type of Audit:	Audit dates: Audit Report date:
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CORRECTIVE AND PREVENTIVE ACTION (CAPA) PLAN

Completed by the auditee:

Name

Signature

____/____/____
(dd/mm/yyyy)

Date of CAPA closure:

____/____/____
(dd/mm/yyyy)

Approved by the QAM:

Name

Signature

Observation (No. and level of criticality):	<i>Description</i>				
Cause analysis (for major and critical observations):					
Corrective / Preventive Action(s)	Actions	Responsible:	Planned date	Actual date	Comments
	1.				
	2.				
Observation (No. and level of criticality):	<i>Description</i>				
Cause analysis (for major and critical observations):					
Corrective / Preventive Action(s)	Actions	Responsible	Planned date	Actual date	Comments
	1.				
	2.				