**Corrective and Preventive Action (CAPA) Form**

**Section 1: Basic Information**

| **CAPA Number:** | **Date Opened:** |
| --- | --- |
| **Department:** | **Initiated By:** |
| **Assigned to:** | **Due Date:** |

**Section 2: Problem Description**

**Source of Issue:** (Check one)  
 ☐ Internal Audit ☐ External Audit ☐ Customer Complaint ☐ Production Issue ☐ Other (specify) \_\_\_\_\_\_\_\_\_\_\_

**Detailed Description of the Problem:**

*[Provide a clear and concise explanation of the issue, including any product, process, or equipment involved]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Root Cause Analysis (RCA)**

**Investigation Findings:** *[Summarize observations, test results, or data analysis]*

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**Root Cause Identified:** *[Use RCA techniques such as 5 Whys, Fishbone Diagram, or FMEA]*

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**Section 4: Corrective Action Plan (CA)**

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**Immediate Action Taken (Containment):** *[Describe any temporary measures to control the issue]*

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**Corrective Action:** *[Describe the permanent solution to eliminate the root cause]*

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**Person Responsible:** \_\_\_\_\_\_\_\_\_\_\_

**Target Completion Date:** \_\_\_\_\_\_\_\_\_\_\_

**Section 5: Preventive Action Plan (PA)**

**Risk Assessment & Similar Areas of Concern Identified?** ☐ Yes ☐ No

**Preventive Measures Implemented:** *[Describe actions taken to prevent recurrence, such as process changes, training, or new controls]*

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* **Person Responsible:** \_\_\_\_\_\_\_\_\_\_\_
* **Target Completion Date:** \_\_\_\_\_\_\_\_\_\_\_

**Section 6: Verification & Effectiveness Check**

* **Follow-up Review Date:** \_\_\_\_\_\_\_\_\_\_\_
* **Was the Corrective/Preventive Action Effective?** ☐ Yes ☐ No
* **Supporting Evidence (Audit Reports, Test Results, etc.):** *[Attach supporting documents]*
* **Reviewed By:** \_\_\_\_\_\_\_\_\_\_\_
* **Date Closed:** \_\_\_\_\_\_\_\_\_\_\_