

Request Form - Corrective And Preventive Action (CAPA)

CAPA Request #:		DATE:			
To:					
Contact Person:					
Company:					
Email:		Phone #:			
Street Address:					
City:		State:	Zipcode:		
From (Requestor):					
Contact Person:					
Company:					
Email:		Phone #:			
Street Address:					
City:		State:	Zipcode:		
NOTE: Please send all CAPA Responses to the Requestor above.					
Date Problem was first noticed by Requestor:					
Description of Problem:					
Details About Product with Problem: <small>(if applicable)</small>	Manufacturer's Item Number:				
	Purchase Order #:	Manufacturing Lot #:	Serial Numbers (use extra sheet of paper if needed)	Quantity Known with Problem	Total Quantity Affected
Proof of Problem: <small>(circle all that apply)</small>	Defective Product Sample	Defective Product or Pack Photo	Product or Service Records	Email, Letter or Report	Inspection or Test Failed
	Witnessed or Observed by:				
Type of Problem: <small>(circle all that apply)</small>	Wrong or Inadequate Material Used	Product Doesn't Work	Wrong Product or Parts	Missing Product or Parts	Wrong Label
	Packed Wrong	Dirty or Contaminated	Damaged	Bad Service	Arrived too late
	Wrong Price	Wrong or Inadequate Process Used	Did not follow Procedure	Shipped Wrong Way	Shipped to or Provided Service at Wrong Place
Date Corrective Action Response Is Due:					
Preventive Action Plan Required? (circle one):	YES	NO			
Preventive Action Plan Due Date:					
FOR A FREE CAPA RESPONSE FORM VISIT www.CAPAttrak.com					