

Corrective And Preventive Action (CAPA) Response Form

CAPA #.					
Date Requested:		Requested By:		Requestor's Company:	
Requestor's Email:		Requestor's Phone #:			
Date Problem was first noticed by Requestor:					
Described 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/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 Response was Written:		Response Written By:		Response Writer's Company:	
Response Writer's Email:		Response Writer's Phone #:			
Corrective Action (CA):					
Type of Corrective Action: <small>(circle all that apply)</small>	Material Return Authorized	Similar Product Placed on Hold	Credit or Refund Granted	Rework, Repair or Replacement Order Initiated	Recall Initiated
Corrective Action Completion Date:		Corrective Action Responsibility:			

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Cause of Problem:					
Type of Cause: <small>(circle all that apply)</small>	Requirements Unknown or Unclear	Work Instructions Inadequate	Personnel Not Competent	Equipment, Facility, Method or Process not Capable	Not Enough Time or Priority
Preventive Action Plan (PA):					
Type of Preventive Action: <small>(circle all that apply)</small>	Specify or Clarify Requirements	Improve Work Instructions	Train, Re-Train or Coach Personnel	Improve Equipment, Facility, Method or Process	Alot Adequate Time in Forward Schedule and/or Clarify Priority
Preventive Action Plan Completion Date:			Preventive Action Responsibility:		
Type of Follow-up to determine if Actions Were Taken and Worked: <small>(circle all that apply)</small>	Confirm that New Specifications were Created	Confirm that new Work Instructions or Procedures were Created	Review Training Records to Assure Training was Done	Interview and/or Observe Personnel Performing Critical Task(s) to Assure Competence	Confirm Equipment Adjustment or Installation
	Confirm Facility Modification(s)	Observe New Method or Process In Work	Confirm Schedule Adjustment(s)	Confirm Priorities	Confirm Customer is Satisfied with Results
Follow-up Due Date:					
Date Follow-up was Done:		Follow-up Done by:		Person Doing Follow-up's Company:	
Person Doing Follow-up's Email:			Person Doing Follow-up's Phone #:		
Follow-up Observations:					
Were all Actions Taken and Did They Work? <small>(circle one)</small>	YES	NO	If Any Actions Were Not Taken or Did Not Work, Write New CAPA and Record Number Here:		