

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
Date Response was Written:		Response Written By:		Response Writer's Company:	
Response Writer's Email:			Response Writer's Phone #:		
Corrective Action (CA):					
Corrective Action Completion Date:			Corrective Action Responsibility:		
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):					
Preventive Action Plan Completion Date:			Preventive Action Responsibility:		
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 #:		
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:	