
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Corrective/Preventive Action Report	Number: Q13-PR-100-F014b	
	Owner: Deborah Durbin	Revision: 0	
	Effective Date: 05/15/16	Page: 1 of 5	

CORRECTIVE/PREVENTIVE ACTION (CAPA) REPORT

CAPA Report Number:

Date:	Due Date:	Assigned To:
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☐ **Corrective Action-CA** (to existing problem)
 ☐ **Preventive Action-PA** (to potential problem)

Type of Investigation:
☐ **Quality**
☐ **Production**
☐ **Mechanical**

1. Identification (To be completed by Quality. Submit a CAPA Request or Complaint In-take Information/Initiation Form to Quality for CAPA initiation)



Source of Information: (Customer Complaint, OOS, Audit, etc.)
Description of Problem:
Evidence: (information that the problem exists or source report #)

2. Evaluation (To be completed by Quality)

Potential Impact of Problem: (costs, function, product quality, safety, customer satisfaction)
Risk Assessment: (Low, Medium, High, SAE)
Remedial Action Required: (If adequate, explain and skip to #7 to close CAPA)

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3. Investigation Plan *(To be completed by area Manager)*



Objective: <i>(Statement of desired outcome of CA or PA)</i>
Strategy: <i>(Outline instructions to determine root causes)</i>
Responsibility and Resources Assignment:

4. Root Cause Analysis *(To be completed by area Manager)*

List of Possible Causes:
Test Results and Data needed to determine Root Cause: <i>(Place copies in folder with report)</i>
Root Cause Analysis: <i>(Use data collected for analysis. Distinguish between immediate cause and root cause)</i>

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5. Corrective/Preventive Action Plan *(To be completed by area Manager. Include changes to be made, person assigned responsibility for task and dates to be completed.)*

Corrective/Preventive Actions to be Completed: <i>(Tasks required to correct problem)</i>	Initials	Date
<p>Document or Specification Changes: <i>(Describe changes to processes, procedures, system modifications)</i></p> <p style="height: 150px;"></p> <p> <input type="checkbox"/> Change Control Request <input type="checkbox"/> Document Approval Form </p>		
<p>Employee Training: <i>(Specify type of training and who needs training if changes are made)</i></p> <p style="height: 100px;"></p>		

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7. Follow Up and Closure *(To be completed by Quality)*

Evaluation of actions taken: <i>(Have identified tasks been completed?)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
Verification of Results: <i>(Verify that appropriate information recorded provides proof that all actions have been completed successfully.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____
Additional Comments:

Approval Signatures/Dates: (all applicable parties)				
	Name	Title	Signature	Date
Area Manager				
Quality	Deborah Durbin	Dir. Of Quality		
Operations	Matt Haynes	Dir. Of Operations		

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