

# Standard Operating Procedure FORM

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SOP FORM Title: Deviation & CAPA Form

Document Code: FORM-VA-004

Effective Date: 06May25

Supersedes: [Previous Version if applicable]

Approved By: [Name / Title]

Review Date: [Annually or as needed]

DEVIATION & CAPA FORM      FORM-VA-004 Version: 1.0      Effective: 06May25
<b>SECTION A – DEVIATION REPORT</b> ----- Deviation ID: _____ Date Reported: _____ Reporter Name / Title: _____ Department: _____ Affected Product / Batch / Lot: _____ Description of Deviation: _____ _____ _____
Immediate Containment Actions Taken: _____ _____
Initial Classification (circle): Critical   Major   Minor
<b>SECTION B – INVESTIGATION &amp; ROOT CAUSE ANALYSIS</b> ----- Investigation Lead: _____ Date Assigned: _____ Root-Cause Analysis Summary: _____ _____ _____

CAPA ACTION PLAN			
Action Description	Owner	Due Date	Status

  

SECTION C – VERIFICATION & CLOSURE

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Effectiveness Check Method: \_\_\_\_\_

Verification Outcome (Pass / Fail): \_\_\_\_\_

QA Reviewer Name / Signature: \_\_\_\_\_

Date of Closure: \_\_\_\_\_

## 7. Revision History

Version	Date	Change Description	Approved By
		Aligned with updated Quality Manual QM-VA-001 and Master Batch Record SOP.	[Name / Title]