|  |  |
| --- | --- |
| * **Confirmation Date of SOP Training Deviation:** | DD-MMM-YYYY |
| * **SOP information:** | ① SOP Document ID & Title:  *e.g. DKUH-101 Clinical Quality Management Manual*  ② Version:  ③ Effective Date: |

|  |  |  |
| --- | --- | --- |
| * **Deviation Detail:** |  | |
| **Corrective Action** | | **Preventive Action** |
| **(Expected) Completion Date:** DD-MMM-YYYY | | **(Expected) Completion Date:** DD-MMM-YYYY |
|  | |  |

**Reported by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date (DD-MMM-YYYY) |

**Confirmed and Approved by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name |  | Signature |  | Date (DD-MMM-YYYY) |