**CAPA Template / Format:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **CORRECTIVE AND PREVENTIVE ACTION** | | | | | | **Doc. No: QMS/CAPA/1**  **Issue No:01**  **Rev. No:00**  **Date:** |
| **Identification of Problem:** | | | | | | | | | |
| **Correction/ Containment Action:** | | | | | | | | | |
| **Why-Why Analysis** | | | | | | | | | |
| **Why1** |  | | | | | **Ans.** | | | |
| **Why2** |  | | | | | **Ans.** | | | |
| **Why3** |  | | | | | **Ans.**  TECHIEQUALITY | | | |
| **Why4** |  | | | | | **Ans.** | | | |
| **Why5** |  | | | | | **Ans.** | | | |
| **RC(Root cause)** |  | | | | | | | | |
| **Implementation of Action plan** | | | | | | | | | |
| **Corrective Action** | |  | | **Target Date** |  | | **Responsibility** |  | |
| **Preventive Action** | |  | | **Target Date** |  | | **Responsibility** |  | |
| **Verification of Implemented Action plan:** | | | |  | | | | **Sig.** | |