**Corrective and Preventative Action Plan**

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| --- | --- | --- | --- | --- |
| Company: | | Location: | | |
| Department: | | Date Created: | | |
| Created by: | | Title/Role: | | |
| **I. Description of the Problem** | | | | |
| Provide a detailed description of the problem covered within this CAPA plan. List the names of people and/or equipment involved in the problem, as well as any regulations or policies violated. | | | | |
|  | | | | |
| **Date First Reported:** |  | | | |
| **Person(s) Involved:** |  | | | |
| **Equipment Involved:** |  | | | |
| **Regulations, Policies, Procedures Violated:** |  | | | |
| **II. Root Cause Analysis Details** | | | | |
| **Primary Root Cause:** |  | | | |
| **Secondary Root Cause:** |  | | | |
| Provide a detailed explanation of your root cause analysis findings. Attach any relevant images, diagrams, notes, etc. to this CAPA plan for reference. | | | | |
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| **Corrective Actions** | | | | |
| Below are the corrective actions we will take to address the issues caused by the root cause in Section II. | | | | |
| **Description of the Action** | | | **Owner** | **Due Date** |
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| **Preventative Actions** | | | | |
| Below are the preventative actions we will take to improve or eliminate (if possible) the conditions that allowed the root cause in Section II to occur. | | | | |
| **Description of the Action** | | | **Owner** | **Due Date** |
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| **Implementation Plan** | | | | |
| Who is responsible for ensuring the implementation of this plan? | | |  | |
| What is the expected completion date of the actions in this plan? | | |  | |
| How will the team document and track CAPA tasks? | | | EHS software  Manual tracking | |
| Use this space to include any additional notes regarding the implementation of this CAPA plan. | | | | |
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