



# Pharmaceutical CAPA Management Checklist

## Deviation Identification & Reporting

Ensuring proper identification, documentation, and initial assessment of deviations.

### Deviation Date

Enter date...

### Deviation Time

### Deviation Description

Write something...

### Deviation Severity

- ☐ Minor
- ☐ Moderate
- ☐ Major
- ☐ Critical

### Deviation Category

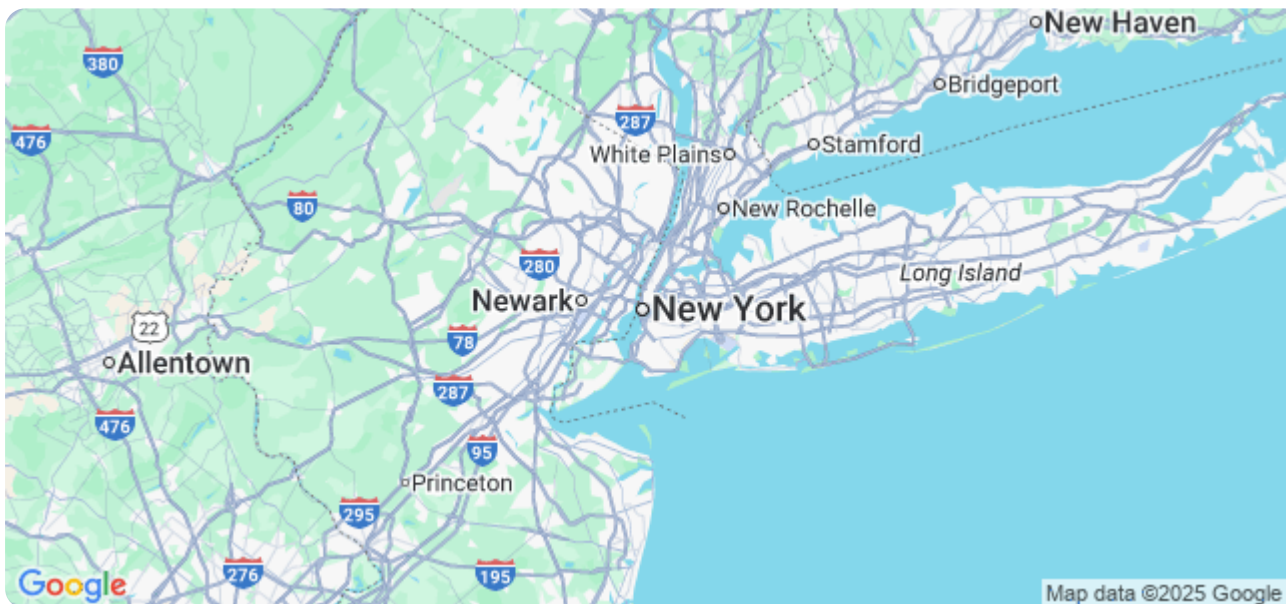
- ☐ Manufacturing
- ☐ Quality Control
- ☐ Equipment
- ☐ Personnel
- ☐ Other

### Batch/Lot Number (if applicable)

Enter a number...

### Location of Deviation

 [Set My Current Location](#)



### Supporting Documentation (e.g., photos, records)

 [Upload File](#)

## Root Cause Investigation

Comprehensive analysis to determine the underlying cause(s) of the deviation.

### Detailed Description of Deviation

Write something...

### Potential Root Causes (Select All That Apply)

- ☐ Equipment Failure
- ☐ Human Error
- ☐ Process Variation
- ☐ Raw Material Issue
- ☐ Documentation Error
- ☐ Training Deficiencies
- ☐ Other (Specify)

### Specify 'Other' Root Cause (if selected)

Write something...

### Number of Times Similar Issue Occurred Previously (if applicable)

Enter a number...

### Date of Initial Observation/Event

Enter date...

### Supporting Data/Analysis (e.g., statistical analysis, trend charts)

Write something...

### Attach Supporting Documents (e.g., lab reports, equipment logs)

 Upload File

## Corrective Action Development

Defining and documenting the actions required to prevent recurrence.

### Detailed Description of Corrective Action(s)

Write something...

### Estimated Cost of Corrective Action (USD)

Enter a number...

### Action Responsibility (Primary Owner)

- ☐ Quality Assurance
- ☐ Manufacturing
- ☐ Engineering
- ☐ Validation
- ☐ Other

### Target Completion Date

Enter date...

### Affected Departments/Functions

- ☐ Manufacturing
- ☐ Quality Control
- ☐ Engineering
- ☐ Supply Chain
- ☐ Regulatory Affairs

### Action Owner Signature

## Preventive Action Implementation

Establishing proactive measures to address potential issues.

### Detailed Description of Preventive Action

Write something...

### Estimated Cost of Implementation

Enter a number...

### Planned Implementation Start Date

Enter date...

### Planned Implementation Completion Date

Enter date...

### Departments Responsible

- ☐ Manufacturing
- ☐ Quality Assurance
- ☐ Engineering
- ☐ Validation

### Supporting Documentation (e.g., SOP Updates, Engineering Drawings)

 Upload File

### Risk Mitigation Strategy

Write something...

## CAPA Effectiveness Verification

Evaluating the impact of corrective and preventive actions.

### Verification Start Date

Enter date...

### Verification End Date

Enter date...

### Number of Deviations Reopened (Post CAPA)

Enter a number...

### Number of New Deviations Related to Root Cause (Post CAPA)

Enter a number...

### Overall Effectiveness Rating (Based on Data)

- ☐ Highly Effective
- ☐ Moderately Effective
- ☐ Slightly Effective
- ☐ Not Effective

### Summary of Data Analyzed & Findings

Write something...

### Was the original Root Cause Effectively Addressed?

- ☐ Yes
- ☐ No
- ☐ Partially

### Additional Comments or Observations

Write something...

# CAPA Documentation & Record Keeping

Maintaining complete and accurate records of the CAPA process.

## CAPA Origination Date

Enter date...

## Detailed Description of Deviation & Initial Assessment

Write something...


## CAPA Number/ID

Enter a number...

## Summary of Root Cause Investigation Findings

Write something...

## Supporting Documentation (e.g., lab reports, investigation files)

 Upload File

## Detailed Description of Corrective & Preventive Actions

Write something...



### Corrective Action Completion Date

Enter date...

### CAPA Owner Signature

## CAPA Training & Communication

Ensuring staff are trained on CAPA procedures and effectively communicating updates.

### Number of Employees Trained

Enter a number...

### Training Completion Date

Enter date...

### Training Format (e.g., Online, Classroom)

- ☐ Online
- ☐ Classroom
- ☐ Hybrid

### Brief Summary of Training Content

Write something...

### Topics Covered in Training (Select all that apply)

- ☐ Deviation Management
- ☐ Root Cause Analysis
- ☐ Corrective Actions
- ☐ Risk Assessment
- ☐ Documentation Requirements

### Trainer Signature

### Training Material Version

## CAPA Closure & Review

Formal closure of CAPA items and periodic review of the CAPA system's effectiveness.

### Date of CAPA Closure

### Summary of CAPA Resolution and Effectiveness

### Number of Recurrences Post-Closure (if any)

### CAPA Closure Status

- ☐ Closed
- ☐ Pending Further Action
- ☐ Reopened

### Signature of Reviewer

### Reviewer Name

### Reviewer Title