

## Pharmaceutical CAPA Management Checklist

## **Deviation Identification & Reporting**

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

<b>Deviation Date</b>	
Enter date	
Deviation Time	
Deviation Description	
Write something	
Deviation Severity	
Minor	
Moderate	
☐ Major	
Critical	

Deviation Ca	itegory
Manufactur	ing
Quality Cor	itrol
Equipment	
Personnel	
Other	
Batch/Lot No	ımber (if applicable)
Enter a numb	er
Location of	Deviation
	Set My Current Location
<b>380</b>	ONew Haven OBridgeport White Plainso OStamford ONew Rochelle
No.	Long Island
A VAR	Nowarko
°Allento	Newark® New York

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

① Upload File

Map data ©2025 Google

## **Root Cause Investigation**

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	imprehensive analysis to determine the underlying cause(s) of the deviation.	
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    Wumber of Times Similar Issue Occurred Previously (if applicable)   Enter a number	Detailed Description of Deviation	
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	Write something	
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	Potential Root Causes (Select All That Apply)	
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	Equipment Failure	
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	Human Error	
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	Process Variation	
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	Raw Material Issue	
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	Documentation Error	
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	Training Deficiencies	
Write something  Number of Times Similar Issue Occurred Previously (if applicable)  Enter a number  Date of Initial Observation/Event	Other (Specify)	
Write something  Number of Times Similar Issue Occurred Previously (if applicable)  Enter a number  Date of Initial Observation/Event	Specify 'Other' Boot Cause (if calcated)	
Number of Times Similar Issue Occurred Previously (if applicable)  Enter a number  Date of Initial Observation/Event		
Enter a number  Date of Initial Observation/Event	Write something	
Enter a number  Date of Initial Observation/Event	Number of Times Similar Issue Oscurred Dreviously (if applicable)	
Date of Initial Observation/Event	Number of Times Similar Issue Occurred Previously (II applicable)	
	Enter a number	$\bigcirc$
Enter date	Date of Initial Observation/Event	
	Enter date	

Write something	
Attach Supporting Do  Dolor Upload File	cuments (e.g., lab reports, equipment logs)
	ion Development
efining and documenting	the actions required to prevent recurrence.
<b>Detailed Description o</b>	of Corrective Action(s)
Write something	
<b>Estimated Cost of Co</b>	rrective Action (USD)
Enter a number	
Action Responsibility	(Primary Owner)
Quality Assurance	
Manufacturing	
Engineering	
Validation	

Affected Departments/Functions	
Manufacturing	
Quality Control	
Engineering	
Supply Chain	
Regulatory Affairs	
Action Owner Signature	
•	
ablishing proactive measures to address potential issues.	
reventive Action Implementation ablishing proactive measures to address potential issues.  Detailed Description of Preventive Action  Write something	
ablishing proactive measures to address potential issues.  Detailed Description of Preventive Action	
ablishing proactive measures to address potential issues.  Detailed Description of Preventive Action	
ablishing proactive measures to address potential issues.  Detailed Description of Preventive Action  Write something	

Department	s Responsible
Manufactu	ring
Quality Ass	surance
Engineerin	g
Validation	
Supporting  Upload F	Documentation (e.g., SOP Updates, Engineering Drawings)
Risk Mitigat	ion Strategy
Write someth	ning
	fectiveness Verification
	fectiveness Verification  mpact of corrective and preventive actions.
	mpact of corrective and preventive actions.
aluating the i	mpact of corrective and preventive actions.  Start Date
aluating the i	mpact of corrective and preventive actions.  Start Date

	Number of Deviations Reopened (Post CAPA)		
Enter a num	oer		
Number of	New Deviations Related to Root Cause (Post CAPA)		
Enter a num	oer		
Overall Effe	ctiveness Rating (Based on Data)		
Highly Effe	ctive		
Moderatel	' Effective		
Slightly Ef	ective		
Not Effect	/e		
Summary o	f Data Analyzed & Findings		
Write somet	ning		
Was the ori	ninal Root Cause Effectively Addressed?		
Was the ori	ginal Root Cause Effectively Addressed?		
_	ginal Root Cause Effectively Addressed?		
Yes	ginal Root Cause Effectively Addressed?		
Yes No	ginal Root Cause Effectively Addressed?		
Yes No Partially	ginal Root Cause Effectively Addressed?  Comments or Observations		
Yes No Partially  Additional	Comments or Observations		
Yes No Partially	Comments or Observations		

## **CAPA Documentation & Record Keeping**

Maintaining complete and accurate records of the CAPA process.

Detailed Description	on of Deviation &	Initial Assessmen	t
Write something			
CAPA Number/ID			
Enter a number			
Summary of Root (	Cause Investigati	on Findings	
Write something			
	nentation (e.g., la	o reports, investiga	ation files)

Corrective Action Completion Date	
Enter date	
CAPA Owner Signature	
APA Training & Communication	
suring staff are trained on CAPA procedures and effectively commi	unicating 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	

□ Deviation Management □ Root Cause Analysis □ Corrective Actions □ Risk Assessment □ Documentation Requirements  Trainer Signature  Training Material Version  Write something  CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date  Summary of CAPA Resolution and Effectiveness	Topics Covered in Training (Select all that apply)	
Corrective Actions Risk Assessment Documentation Requirements  Trainer Signature  Training Material Version Write something  CAPA Closure & Review ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Deviation Management	
Risk Assessment Documentation Requirements  Trainer Signature  Training Material Version  Write something  CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Root Cause Analysis	
Trainer Signature  Training Material Version  Write something  CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Corrective Actions	
Training Material Version  Write something  CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Risk Assessment	
Training Material Version  Write something  CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Documentation Requirements	
Write something  CAPA Closure & Review ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Trainer Signature	
CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date		
CAPA Closure & Review  ormal closure of CAPA items and periodic review of the CAPA system's effectivenes  Date of CAPA Closure  Enter date	Training Material Version	
Date of CAPA Closure  Enter date	Write something	
		's effectiveness
Summary of CAPA Resolution and Effectiveness	mal closure of CAPA items and periodic review of the CAPA system	's effectivenes:
	mal closure of CAPA items and periodic review of the CAPA system  Date of CAPA Closure	's effectivenes
Write something	Date of CAPA Closure  Enter date	's effectivenes
	Date of CAPA Closure  Enter date  Summary of CAPA Resolution and Effectiveness	's effectivenes:
Number of Recurrences Post-Closure (if any)	Date of CAPA Closure  Enter date  Summary of CAPA Resolution and Effectiveness	's effectiveness
Enter a number	Date of CAPA Closure  Enter date  Summary of CAPA Resolution and Effectiveness  Write something	's effectiveness

CAPA Closure Status  Closed Pending Further Action Reopened	
Signature of Reviewer	
Reviewer Name  Write something	
Reviewer Title  Write something	