

Pharmaceutical Deviation Management Checklist

Deviation Identification & Reporting

Initial assessment and formal reporting of the deviation.

Date of Deviation Occurrence		
Enter date		
Time of Deviation Occurrence		
Detailed Description of Deviation		
Write something		
Deviation Category		
Manufacturing		
Equipment		
Raw Material		
Process		
Packaging		
Other		

Severity Level Minor	
Moderate	
☐ Major	
iviajoi	
Batch Number (if applicable)	
Enter a number	
Reported By (Name)	
Write something	
Location of Deviation	
Set My Current Loc	ation
176 White Plains	oNew Haven oBridgeport
oNew Ro	chelle
	Long Island
Newark® oNew York	
•Allentown	
476	
Princeton Princeton	
Google	Map data ©2025 Google

Deviation Investigation

Root cause analysis and determination of contributing factors.

Write something	
Possible Root Causes Identified	
Write something	
Potential Contributing Factors	
Equipment Failure	
Human Error	
Process Out of Control	
Raw Material Issue	
Documentation Error	
Training Deficiency	
Number of Times Observed (if recurring)	
Enter a number	
Enter a number	
Date of Initial Observation	
Enter date	

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Inve	Stina	ntion	Team	I ead
	Sudo	LLIVII	I CUIII	LCUU

Corrective and Preventive Actions (CAPA)

Detailed Description of Corrective Action		
Write something		
Detailed Description of Preventive Action		
Write something		
Estimated Cost of Corrective Action (USD)		
Estimated Cost of Corrective Action (USD) Enter a number		
Enter a number		
Enter a number	etion	
Enter a number	etion	
Enter a number Planned Implementation Date of Corrective A	etion	
Enter a number Planned Implementation Date of Corrective A	ction	
Planned Implementation Date of Corrective A		

Responsible Department for CAPA Implementation Quality Assurance Manufacturing Engineering Validation Other
CAPA Priority High Medium Low
Signature of Person Implementing CAPA CAPA Effectiveness Verification Assessment of whether CAPAs have resolved the deviation and prevented recurrence.
Verification Start Date Enter date
Verification Completion Date Enter date

Verification Outcome
☐ Effective
Partially Effective
☐ Ineffective
Detailed Description of Verification Activities
Write something
Number of Instances of Deviation Since CAPA Implementation
Enter a number
Summary of Data Analyzed for Verification
Write something
Were there any unexpected findings during verification?
☐ Yes
□No
If yes, describe unexpected findings
Write something

Documentation & Record Keeping

Ensuring complete and accurate documentation throughout the deviation management process.

Write something		
Supporting Documentatio Documentatio	(e.g., Batch Records, Lab Reports))
Date of Record Creation		
Enter date		
Γime of Record Creation		
Document Control Numbe		
Enter a number		
	eting Record	

Record Status (Draft/Reviewed/Approved/Closed) Draft Reviewed Approved
Closed
Risk Assessment & Impact Analysis
Evaluating the potential impact of the deviation on product quality, patient safety, and egulatory compliance.
Estimated Potential Impact Score (1-5)
Enter a number
Potential Impact Areas Affected
Product Quality
Patient Safety
Regulatory Compliance
Manufacturing Process
☐ Data Integrity
Description of Potential Risk
Write something
Probability of Recurrence (1-5)
Enter a number

Severity Assessment Minor Moderate Major
Justification for Risk Assessment
Write something
Closure & Review Formal closure of the deviation and review of the entire process for improvement.
Deviation Closure Date
Enter date
Summary of Review Findings
Write something
Overall Risk Reassessment (Post-CAPA) High Medium Low

Write something		
Reviewer Signature		
Reviewer Name		
Write something		
Revision Number		
Enter a number		