

DEVIATION CONTROL FORM

Initiated By (Name/Department) _____		Issued By (Name/Department) _____		Deviation No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
(Sign/Date):		(Sign/Date):		(To be filled by QA)	
Material / Product / Equipment				A.R. No./Batch No./I.D.	
Mfg. Date / Exp. Date				Stage	
Type of Deviation	Planned		Unplanned		
Deviation category: (Tick in appropriate box) Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/>					
Description of Deviation: 					
Actual Process / Procedure: 					
Probable reason for Deviation: 					
Initiated By (Sign / Date):			Initiating Department Head (Sign / Date):		
Applicable to departments (Tick in appropriate box)	<input type="checkbox"/> Production	<input type="checkbox"/> Personnel & Admin.	<input type="checkbox"/> Quality Control	<input type="checkbox"/> Quality Assurance	<input type="checkbox"/> Store <input type="checkbox"/> Engineering / Utility
	<input type="checkbox"/> Others, specify _____				

Review comments of Production (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Quality Control (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Store (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Personnel & Admin. (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Quality Assurance (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Engineering & Utility (Attach additional sheet, if required)

Department Head (Sign / Date):

Review comments of Others (Attach additional sheet, if required)

Department Head (Sign / Date):

Investigation & Root cause analysis:	
(Attach additional sheet, if required)	
Reference CAPA No:	
Corrective Action & Preventive Action:	
Initiating Department Head (Sign / Date)	
Impact Assessment (By QA Head):	
QA Head (Sign / Date):	
Comments / Suggestions from Contract giver (If Applicable):	
Final Approval by QA Head:	
(Approved / Rejected)	
QA Head (Sign / Date)	
Verification of CAPA implementation:	
(Attach additional sheets, if required)	
Final review and Closing:	
Date of closure	
QA Head (Sign / Date)	