

ANNEXURE -I
CORRECTIVE AND PREVENTIVE ACTION REQUEST FORM

Corrective and Preventive action request (CPAR) Form No	ENVVM / / /
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Failure Result	
Sample Type	
Location(Department/Room Name/ Location)	
Date and Shift of sampling	
Observed Value	
Alert Limit	
Action Limit	

<u>History</u> Any failure during past one week in some location / area	
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<u>Type of Failure</u> (Critical / Major / Minor)	
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Initiated By Head - Microbiology or Deputy	Name	Signature	Date

Immediate Action Recommended	
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Recommended By Head – QA or deputy	Name	Signature	Date

Immediate Action Taken			
Head – Production or deputy	Name	Signature	Date

Summary of Investigation Result (Attach Out of Laboratory Investigation Report)			
Investigation Team			
Department	Name	Signature	Date
Microbiology			
Production			
QA			

Recommendation of Corrective / Preventive Action			
	Name	Signature	Date
<u>Approved By</u> Head – QA			
<u>Authorized By</u> Head – Operation			

Corrective / Preventive Action Taken			
	Name	Signature	Date
Head – Production or deputy			
Closing of CPAR Form			
The location /area shows bioburden within alert limit for consecutive three days after taking action		Yes / No / Not Applicable	
	Name	Signature	Date
Head – QA			