

CAPA REQUEST FORM

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To Be Filled By QA Department

Department:	Issued By (Name):	Issued On :
CAPA No. :	Sign & Date:	
Target Completion Date :	Extended Target Completion Date:	

CAPA Recommended As Per:

Product Name / Material Name			
Document Name (Type)		Document No.	
Ref. Batch No. / Effective Date		Any Other (Specify) :	
Responsible Person			

Details of Recommendations:

Rational:

Remarks By Responsible Person:

Traceability Matrix:

Product Name / Matrix Name				
Document Name				
Document No.				
Page No. / Step No.				
Batch No,				
Any Other				
Supporting Data Attached	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Remarks By Evaluator:


 The logo consists of the words "PHARMA" and "STATE" in a bold, sans-serif font. "PHARMA" is on the left in a larger, darker blue font, and "STATE" is on the right in a smaller, lighter blue font. The logo is centered within a light blue circle with a thin black outline.

	Concerned Department	Evaluated By QA
	Action Performed By	Verified By
Signature		
Date		