



## CORRECTIVE ACTION AND PREVENTIVE ACTION PLAN

<b>Name of Establishment:</b>	<b>Address:</b>
<b>Inspector/s:</b>	<b>Inspection dates:</b>
<b>Prepared by</b> : (Name & Designation of establishment's authorized representative)	<b>Date prepared (dd/mm/yyyy):</b>

*Note: Establishment to fill columns 1 to 5.*

Deficiency number (1)	Description of deficiency (2)	Corrective Action /Preventive Actions (CAPA) (3)	Evidence of compliance (4)	Completion or proposed completion date dd/mm/yyyy (5)	Inspector('s) Comment(s) (6)	Response accepted (Yes / No) (7)
<b>CRITICAL</b>						
<b>MAJOR</b>						
<b>OTHERS</b>						



Republic of the Philippines  
Department of Health  
**FOOD AND DRUG ADMINISTRATION**  
Filinvest Corporate City  
Alabang, City of Muntinlupa



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**For FDA use only:**

**Remarks**

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**Recommendation(to FDA office):**

Reviewed by:	<b>Name /Designation and Signature of FDRO(s)</b>	Date:	
Noted by:	<b>Name and Signature Team Leader/Supervisor</b>	Date:	