

Republic of the Philippines Department of Health

FOOD AND DRUG ADMINISTRATION

Filinvest Corporate City Alabang, City of Muntinlupa



CORRECTIVE ACTION AND PREVENTIVE ACTION PLAN

Name of Establishment:		Address: Inspection dates:						
Inspector/s: Prepared by : (Name & Designation of establishment's authorized representative)								
				Date prepared (dd/mm/yyyy):				
Note: Esta	ablishment to fill columns 1 to 5.							
Deficiency number (1)	Description of deficiency (2)	Corrective Action /Prever Actions (CAPA) (3)	ntive	Evidence of compliance (4)	Completion or proposed completion date dd/mm/yyyy (5)	Inspector('s) Comment(s) (6)	Response accepted (Yes / No) (7)	
CRITICAL								
MAJOR								
OTHERS								
Date Effective: 12 April 2016			Form No	orm No. QWP-SL-RFO-1-05 Annex 1 Rev 02				
Authorized by	Authorized by: RFO-NCR, Records Management Team			Corrective Action and Preventive Action Plan Page 1 of 3				



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For FDA use only:		
For FDA use only: Remarks		

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Recommendation(to FDA office):				
Daniama diban	N /D ' / LG' / CEDDO()	Data		
Reviewed by:	Name /Designation and Signature of FDRO(s)	Date:		
		Date:		
Noted by:	Name and Signature Team Leader/Supervisor			

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