**CAPA Signature Sheet**

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| --- | --- | --- | --- |
| Audit Number: |  | Audit Date: |  |
|  |  |  |
|  | Reference | Severity |
| CAPA:(please initial next to each number) |  |  |
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Audit Report Prepared by:

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| --- | --- |
| Name: |  |
| Job Title: |  |
| Signed: |  | Date: |  |

CAPA Acknowledged by:

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Signed: |  | Date: |  |