**Corrective Action Report (Corrective Action Record)**

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| **Form Title:** | | | |
| **Firm Name:** | | **Firm Location:** | |
| **Product Description:** | | | |
| **Date:** | **Line Number:** | **Lot Number:** | **Code Number:** |
| Date and time of process deviation: | | | |
| Describe the process deviation and what happened to the product? | | | |
| What action(s) was/were taken to restore order to the process? | | | |
| Name and signature of person reporting deviation and responsible for taking the corrective action: | | | |
| Amount of product affected by the process deviation: | | | |
| Evaluation of product affected by the process deviation: | | | |
| Final disposition of the affected product: | | | |
| **Reviewer Signature:** | | **Date of Review:** | |