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| **Protocol:** | |
| **Principal Investigator:** | **Department/Institution** |
| **Signature (Person Initiating CAPA)/ Date** | |

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| Identification of issue: |  |
| Evaluation of Risk:  (check one) | □ Minor  □ Major  □ Critical |
| Root Cause Investigation: |  |
| Corrective Action Plan: |  |
| Preventive Action Plan: |  |
| Assigned to: |  |
| Due date: |  |
| Effectiveness Verification: |  |
| CAPA closed date: |  |
| Reviewed by PI: | Signature/date: |