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

****

|  |  |
| --- | --- |
| 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: |