Deviation No.						
					dditional sheet	s if required
Initiator			Location/si	te		
Date of Reporting			Departmen	t		
Product/Material						
Scope/Market			Customer			
Batch No./Lot No.						
Date of discovery			Time of disc	overy		
Stage of processing of product						
1. Description of Dev	iation : (To be fil	lled by initiator)				
Initiator sign				Date		
2. Immediate action to	okon. /To bo fille	d by respectible	domortmont)	I		
2. Illinediate action to	aken. (10 be illie	ed by responsible	department)			
3. Risk & impact ass	essment for dev	riation (To be filled	by responsibl	e depart	tment))Y @
D		urasen		IIIu	a <u> </u>	
Responsible person s	sign			Date		
Head of Responsible	dept. sign			Date		
4. Similar type of dev	iation repeated	in the past one ye	ar (To be filled	by QA)	☐ Yes	No 🗆
If yes Specify Deviation	1 No. :					
Categorization of dev	iation	☐ Minor	☐ Major		☐ Critical	
QA sign and date						
Requirement of Inves	tigation as per I	nvestigation SOP	☐ Yes		□ No	

Deviation No.						
Head QA/Design	ee Comments			Note: A	ttach additional sheet	ts if required
Approval of Head	d QA/Designee	(Sign/Date)				
5. Investigation	(To be filled by	responsible dep	artment):			
Reference investig	gation No. as per	r Investigation So	OP (if applica	ble) :		
6. Identified roo	ot cause (To be	filled by respon	nsible denar	ment) :		
o. identifica roc	or cause (10 be	illed by respon				
7. Comments by	other Departme	ents:				
Name			Dept.			
Sign			Date			
Name			Dept.			
Sign		D	Date		1	
Sign	rm	$\mathbf{a} \mathbf{P}$	Date	7 1	nde	1
Name			Dept.			
	by Cha	andras	ekna	ır Pai	nda —	
Sign			Date			
8. Corrective Ac	tions and Preve	entive actions (T	o be filled by	responsible	e department):	
Sr. No.	CAPA d	,		A number	Responsibility	TCD
Responsible pe	erson sign		1	Date		

Deviation	n No.								
9. Final	l Evaluation	and Conclusion	by Head OA o	r Dociana		Attach a	addition	nal sheets	s if require
J. Tilla	Lvaluation		T Dy Tieau &A 0	Designe					
									•••••
Sign				Date					
				Date					
10. C	omments By	Regulatory Affa	airs : (if necess	sary)					
	<u> </u>								
Sign				Date					
11 Com	ments and A	Approval By Cus	stomer/Qualifie	d Person	/Marketin	a Autho	orizatio	n Holde	r-
111 00111	monto ana A	ippiovai by out	otomer, qualific	<u>u i cison</u>	, mancenny	y Autik	7124110	11110100	
Sign				Date					
		/		Duto					
12. Disp	osition of de	viation impacte	d materials/pro	oducts by	/ Head QA	or Des	ignee :	•	
			TAX						
Impacted	batches to b	e released		Yes		☐ No		□ NA	
Sign				Date			<u>'</u>		
13. Comn	nents and ap	proval By Corp	orate Quality A	ssurance	e:				
	O 10:	100	Da	41	- 1	•		1	
								ДE	C
Sign	by	Chan	drase	Date	r Pa	nd	2 -		
14. Closu	ıre:	Onan	diasc	MIG			a		
		vestigation are co	omplete: Yes	☐ No					
Remark:									
			•••••	•••••	•••••		•••••		•••••
Head of F	Responsible	dept. sign			Da	ite			
Review by	y QA:								
	=								
All CAPA	logged into th	ne CAPA log bool	k: ☐ Yes☐ No	0					

Deviation No.								
						Note: Atta	ch additi	onal sheets if required
Remark (if any)):							
			Ţ					
Deviation Closed	l on							
Closed within the timeframe			☐ Yes	□No				
Extension form filed-1			☐ Yes	□No	□NA			
Extension form filed-2			☐ Yes	□No	□NA			
Head-QA/ desig	Head-QA/ designee sign					Date		
Annexure no.		List o	f Annexure	or Support	ing docum	ents		Number of pages
					Tot	al No. of	Pages.	

Pharma Pathfinder by Chandrasekhar Panda