

Remedial Action Effectiveness Verification Checklist

Document No.: _____
Date: _____
Location/Area: _____
Process/Department: _____
Auditor(s): _____
Reference NCR/Issue No.: _____

Verification Checklist

Remedial Action	Responsible	Completion Date	Effectiveness Verified	Remarks

Summary of Findings

Verification By: _____ Date: _____

Important Notes

- This checklist ensures that remedial actions taken are effective in addressing the identified issue.
- Verification should be objective and supported by evidence wherever possible.
- All fields should be duly completed and updated to maintain traceability.
- Retain this document as part of quality records for future reference and audits.