

Official Corrective Action Implementation Progress Log

Reference Number: CA-2024-015

Date Initiated: 2024-06-22

Department: Quality Assurance

Responsible Person: Jane Doe

Summary of Issue:
Inspection process found deviation in protocol documentation practices leading to record inconsistencies.

Root Cause Analysis:
Lack of clear guidance and training on updated documentation protocols.

Corrective Action Implementation Log

| Date | Action Taken | Person Responsible | Status | Remarks |
|------------|---|--------------------|-------------|-----------------------------|
| 2024-06-23 | Reviewed and updated documentation protocol SOP | John Smith | Completed | SOP revisions approved |
| 2024-06-25 | Training session for all staff on new SOP | Jane Doe | Completed | Attendance recorded |
| 2024-06-28 | Random audit of documentation practices | Mark Lee | In Progress | Partial compliance observed |
| 2024-07-01 | Follow-up review and corrective coaching | Jane Doe | Planned | Scheduled next week |

Verification of Effectiveness:
Pending final audit post-coaching session.

Important Notes:

- This log must be updated in real-time as corrective actions are progressed.
- Ensure accuracy and completeness of entries for accountability.
- All actions should be verifiable through supporting documents.
- Management review and sign-off are required upon closure of all corrective actions.
- Keep this document accessible for audits and compliance verification.