

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.