

Standard Operating Procedure

CAP Documentation

1. Purpose

To establish a consistent and standardized process for the creation, review, approval, and storage of Corrective Action Plan (CAP) documentation within the organization.

2. Scope

This procedure applies to all departments responsible for identifying, documenting, and resolving compliance or operational issues that require a Corrective Action Plan.

3. Responsibilities

- **Process Owners:** Initiate and complete CAP documentation.
- **Supervisors/Managers:** Review and approve CAPs.
- **Quality Assurance:** Maintain CAP records and monitor implementation.

4. Procedure

1. **Identification:** Identify the issue or non-conformity requiring a CAP.
2. **Documentation:** Complete the CAP form with the following information:
 - Issue Description
 - Root Cause Analysis
 - Corrective Actions
 - Responsible Person(s)
 - Deadline/Timeline
 - Verification Method
3. **Review:** Submit the completed CAP for supervisory or managerial review.
4. **Approval:** Approver signs and dates the CAP documentation.
5. **Implementation:** Assigned personnel carry out corrective actions as specified.
6. **Follow-Up:** Quality Assurance monitors implementation and verifies effectiveness.
7. **Archiving:** Store all approved CAP documents in a designated repository.

5. Related Documents

- CAP Template/Form
- Non-Conformity Reporting Procedure
- Document Control Policy

6. Revision History

Version	Date	Description
1.0	2024-06-15	Initial release.

Important Notes

- CAP documentation must be legible, accurate, and completed in a timely manner.
- Only authorized personnel may approve and close CAPs.
- Keep all supporting evidence attached to the CAP record.
- Periodic reviews of CAP effectiveness are recommended to ensure ongoing compliance.
- Maintain confidentiality where necessary, especially for sensitive issues.