

# Corrective Action Plan Report

Organization Name:

Report Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Responsible Person:

Reference/Inspection Number:

## Summary of Non-Compliance / Issues Identified

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## Corrective Actions Table

No.	Non-compliance/Issue	Corrective Action(s)	Responsible Party	Due Date	Status
1	_____	_____	_____	____ / ____ / ____	Open / In Progress / Closed
2	_____	_____	_____	____ / ____ / ____	Open / In Progress / Closed

## Verification and Follow-up

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## Management Review Comments

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## Signatures

Prepared by:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reviewed by:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved by:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Important Notes:

- Ensure all corrective actions have clear responsible parties and deadlines.
- Status should be regularly updated until full closure.
- Attach supporting evidence for completed actions wherever possible.
- Management comments and sign-off are required for regulatory compliance.
- This document should be retained for audit and regulatory review purposes.