

Corrective Action Plan Report

Organization Name: _____

Report Date: _____ / _____ / _____

Responsible Person: _____

Reference/Inspection Number: _____

Summary of Non-Compliance / Issues Identified

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

Management Review Comments

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.