

Closure and Verification Report

Report Information

Report No.: _____
Date: _____
Prepared By: _____
Department/Unit: _____

Summary of Issue/Action

Description:

Corrective/Preventive Actions Taken

Action Description	Responsible Person	Date Implemented	Status
_____	_____	_____	_____
_____	_____	_____	_____

Verification

Verification Method: _____
Verification Date: _____
Verified By: _____
Verification Outcome: _____

Closure

Closure Date: _____
Closed By: _____
Remarks:

Important Notes:

- Ensure all actions are completed and verified before closure.
- Documentation must be clear, accurate, and complete.
- Signatures and dates are mandatory for verification and closure.
- Retain this report for audit and compliance purposes.
- Review process and learnings to prevent recurrence of similar issues.