



Corrective and Preventive Action(CAPA) Procedure
Exhibit B – Supplier CAPA Form

Non-Conformance Detail(Completed by [redacted];)

Po#: 3835845

Audit Date: 05/03/2022

Supplier Name: 3M Company

Item #: 1235

Supplier Item #: 294

Lot# (If Applicable): INA452

Expiry Date (If Applicable): 04/29/2022

Quantity Received: 100

Description of Non-Conformance:

(provide detailed description of the non-conformance identified during QA Inspection)

Product is Expiration date didn't match the case label

Is Product Regulated (DIN, NDC, NPN, Medical Device)?:

Yes

Upload Non-Conformance supporting evidence/photos:

Supplier Investigation(Completed by Supplier)

Description of Investigation:

(provide a detailed description of steps taken to investigate the non-conformance)

This is a testing.

Root Cause :

(provide detailed description of why/what caused this non-conformance)

This is a testing.

Corrective Actions:

(provide a detailed description of actions defined to correct the cause(s) listed above)

This is a testing.

Preventive Actions:

(provide a detailed description of actions implemented to ensure the non-conformance does not recur)

This is a testing.

Product Return?:

No

Supplier Approval

Name: V [redacted] Banker

Email: [redacted]@gmail.com

Signature: <i>Supplier Signature</i>	Date: 05/03/2022 7:52 PM
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Approval

Name: [Redacted]	Email: [Redacted]@[Redacted].com
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Signature	Date:
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<i>signature</i>	05/03/2022 7:52 PM
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