	Division: **Standard Operating Procedure**	**Procedure No** **Revision A**
Subject:	**Corrective and Preventive Action (CAPA) Procedure** **Exhibit B – Supplier CAPA Form**	

Non-Conformance Detail (Completed by:)		
Po No:	**Audit Date:**	**CAPA No:**
Supplier Name:		
Item #:		
Lot# (If Applicable):		
Expiry Date (If Applicable):		
Quantity Received:		
Description of Non-Conformance (provide detailed description of the non-conformance identified during QA Inspection)		
Is Product Regulated (DIN, NDC, NPN, Medical Device)?		

Supplier Investigation (Completed by Supplier)
Description of Investigation (provide a detailed description of steps taken to investigate the non-conformance)
Root Cause (provide detailed description of why/what caused this non-conformance)
Corrective Actions (provide a detailed description of actions defined to correct the cause(s) listed above)

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

Product Return?

Supplier Approval

	Division: **Standard Operating Procedure**	**Procedure No** **Revision A**
Subject:	**Corrective and Preventive Action (CAPA) Procedure** **Exhibit B – Supplier CAPA Form**	

Supplier Signature:

Date:
Email:

Company Approval

Signature:

Date:
Email: