

Company Name	Deviation Investigation Report	Company Logo
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Note: Put a dash (-) in the column whichever is not applicable.

Assigned Deviation No.: DEV-XXX-NNN/YY *		
Product :	Date :	
Nature of Deviation :		

Batches Affected:		
Reasons For Deviation (If Identified) :		

Immediate Corrective Action: (If Any)		

Originating Department	Observed by : Sign & Date	Checked by : Sign & Date (Department Head)

Review/ Comments By Quality Assurance:

	Prepared By	Checked By	Approved By
Name			
Designation			
Signature			
Date			

Issued by : (Sign/date)	Copy No. :
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Critical

Major

Minor

Sing / Date :

Investigation : (If given space is not sufficient then attach a additional sheet as annexure)

Signature & Date of Investigation Team:

Name :

Name :

Name :

Department :

Department :

Department :

Sign / Date :

Sign / Date :

Sign / Date :

Root Cause Determination :

Risk Assessment/ Impact Assessment :

Conclusion :

	Prepared By	Checked By	Approved By
Name			
Designation			
Signature			
Date			

Issued by :
(Sign/date)

Copy No. :

Company Name**Deviation Investigation Report****Company Logo**

Recommended CAPA :

Closure of Deviation :

Sign : _____
(Head - Quality)

Name :

Date :

* Where UPD stands for Unplanned Deviation & PD stands for Planned Deviation,

XXX stands for Dept. Code, for ex. QA, QC, PRD, ADM, WH etc.

NNN stands for sequential no. of change control

YY stands for last two digits for the current year, for ex. 19 for 2019

	Prepared By	Checked By	Approved By
Name			
Designation			
Signature			
Date			

Issued by :
(Sign/date)

Copy No. :