

<b>XYZ</b>	XYZ Industries Inc. Quality Management System	Form 105.1
		Rev: 0
		Page 1 of 1

<b>CORRECTIVE ACTION / PREVENTATIVE ACTION (CAPA) REQUEST</b>		
Issued to / Department:	Date:	CAPA ID:
QMS Reference:	Other Reference:	
<b>DESCRIPTION</b>		
<b>ROOT CAUSE</b>		
<b>ACTION TAKEN TO CORRECT</b>		
<b>ACTION TAKEN TO PREVENT RECURRENCE</b>		
CAR Initiated by:	Signature:	Date:
CAR Taken by:	Signature:	Date:
CAR Verified/Closed by:	Signature:	Date: