Corrective Action & Verification

FORM 18

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Unit or Department: _____ **Action-Limit or Procedure Reference:** _____

Link the original result, correction, and effectiveness check. Apply the relevant deadline and equipment-use restriction.

Date or Source Record	Problem or Failed Test	Action or Responsible Person	Verification Result or Evidence or Date	Closure or Reviewer

Corrective Action & Verification

Facility Name: _____ **Period(s) or Date(s):** _____ **Sheet:** _____

Record supporting references, review, and applicable requirements below.

Note(s) or Supporting Record(s):

Reviewed By: _____ **Review Date:** _____

State or Jurisdiction: _____

Regulatory Requirement Reference(s): _____

Required Interval(s) or Deadline(s): _____

Retention(s) or Trigger(s): _____