| Devia | tion process |
|-------------|--|
| 1 . | PROBLEM STATEMENT |
| Clearl | y and briefly describe the deviation. |
| • | Is the issue described in factual, objective terms (no assumptions)? |
| • | Have you included relevant data or evidence (e.g., logs, reports)? |
| • | Is the affected product, system, or process identified? |
| • | Is the date the issue was identified recorded? |
| Ø Ent | ter: |
| • | ☐ Deviation Title |
| • | ☐ Date Identified |
| • | ☐ Affected Area/Process |
| • | ☐ Short Problem Description |
| | |
| | |
| 2 . | DEVIATION DETAILS |
| | DEVIATION DETAILS ment all facts related to a single deviation. |
| | |
| — Docur | ment all facts related to a single deviation. |
| Docur | ment all facts related to a single deviation. Is this deviation documented separately (not combined with another)? |
| Docur | ment all facts related to a single deviation. Is this deviation documented separately (not combined with another)? Have you listed the personnel involved? |
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| Docur | ment all facts related to a single deviation. Is this deviation documented separately (not combined with another)? Have you listed the personnel involved? Are impacted departments, systems, or batches noted? Have you described the urgency or potential risks? Is the required resolution timeline stated? ter: Date(s) of Incident |

3. ROOT CAUSE ANALYSIS (Optional if not required) • Was an RCA performed (e.g., 5 Whys, Fishbone Diagram)? Is the true root cause clearly stated (not just symptoms)? Are contributing/systemic factors identified? P Enter: □ RCA Method Used □ Root Cause(s) □ Contributing Factors 4. RESOLUTION / FINAL ACTION Are all corrective actions clearly listed? Are preventive actions documented to avoid recurrence? Are affected documents or SOPs identified for revision? If applicable, has the product disposition been recorded (scrapped, reworked, etc.)? Are all actions assigned with deadlines? P Enter: □ Corrective/Preventive Actions • ☐ Document/SOP Revisions □ Product Disposition (if any) • | Final Completion Date **■** 5. SIGN-OFF / DOCUMENT CONTROL Is the report signed and dated by the author?

Is the deviation approved by the appropriate reviewer(s)?

Are no signatures or dates backdated?

✓ Enter: • □ Author Name / Signature / Date • □ Reviewer / QA Signature • □ Final Closure Date

6. ATTACHMENTS (Check all that apply)

- Supporting data (charts, logs, screenshots)
- CAPA forms
- Change control records
- Test results
- Other: ______

Final Check Before Submission:

- All fields complete
- No missing or backdated signatures
- Resolution aligns with QMS or regulatory requirements
- Deviation is audit-ready and self-contained