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<b>EFFECTIVENESS CHECKS</b>			

Associated CAR / CR / DR Number: \_\_\_\_\_ Attachment No. \_\_\_\_\_ to Associated Document

Section 1) Justification for Required Follow-up Actions Attachment No.(s): \_\_\_\_\_ N/A ☐


Written By: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Section 2) Proposed Effectiveness Check Actions Attachment No.(s): \_\_\_\_\_ N/A ☐

Item	Description	Targeted Completion Date	Responsible Department
1			
2			
3			

Proposed by (sign & date):

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**Section 3) Approval of Proposed Effectiveness Check Actions**

Reviewed & Approved By			
Position Title	Name	Signature	Date
QA Manager (or delegate)			

**Section 4) Update of Applicable Log by QA**

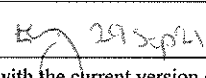
Confirm that the applicable log entry has had the Effectiveness Check Area Updated		Yes <input type="checkbox"/> ; N/A <input type="checkbox"/>
Updated By: _____	Signature & Date: _____	
QA Manager or Delegate		

**Section 5) Result Summary & Review of Effectiveness Check Actions** Attachment No.(s): \_\_\_\_\_ N/A ☐

All actions were successfully implemented and shown to be effective:    Yes <input type="checkbox"/> ; No <input type="checkbox"/>

Written By: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Reviewed & Approved By			
Position Title	Name	Signature	Date
QA Manager (or delegate)			


Authorisation signature and date:  29 Sep 21	Reference: SOP-027
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**Section 6) Closeout of Applicable Log by QA**

Confirm that the applicable log entry has had the Effectiveness Check Area Completed		Yes <input type="checkbox"/> ; N/A <input type="checkbox"/>
Updated By: _____ QA Manager or Delegate	Signature & Date: _____	

Authorisation signature and date:  29 Sep 21	Reference: SOP-027
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TE-002-03	