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EFFECTIVENESS CHECKS

Associate	d CAR / CR / DR Number:	Attachment No	to Associated Documen
Section 1	Justification for Required Follow-up Action	s Attachment No.(s):	N/AC
Writte		ature & Date:	
Section 2)	Proposed Effectiveness Check Actions	Attachment No.(s):	
Item	Description	Targeted Completion Date	Responsible Department
1			
2			
3			
Proposed	hy (sion & date):		

Authorisation signature and date:	29 Sep21	Reference: SOP-027
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Section 3) Approval of Proposed			to Associated Documen
Decidito, Approvator Toposcu	Effectiveness Check Actions	Į.	
Reviewed & Approved By			
Position Title	Name	Signature	Date
QA Manager (or delegate)			
Section 4) <u>Update of Applicable 1</u>	Log by QA		
Confirm that the applicable log entr	y has had the Effectiveness Cl	heck Area Updated Y	es □; N/A □
Updated By: QA Manager or Delegate	Signature & l	Date:	
		Actions Attachment No	o.(s):N/A
All actions were successfully imple			.(s):
All actions were successfully imple	mented and shown to be effect	ive: Yes □; No□	.(s):i\/.
All actions were successfully imple		ive: Yes □; No□	.(s):
All actions were successfully imple	mented and shown to be effect	ive: Yes □; No□	Date
All actions were successfully imple Written By:	nented and shown to be effect Signature & Da	ive: Yes □; No□	

Authorisation signature and date:	KA	29500		Reference; SOP-027
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Associated CAR / CR / DR Number:	Attachment No.	to Associated Document
Section 6) Closeout of Applicable Log by Q. Confirm that the applicable log entry has had the		Yes □; N/A □
Updated By: OA Manager or Delegate	Signature & Date:	

Authorisation signature and date: Land Scott Reference: SOP-027

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