 MEHA PHARMA Kundaim-Goa	<b>Title</b>	<b>DEVIATION FORM</b>		
	<b>Ref. Doc. No.</b>	<b>SOP/QAD/008</b>		
<b>Deviation No.:</b>		<b>Department</b>		

**Description of Deviation:**

**Source Document:**

**Product/Material Name/Equipment name (if any):**

Batch / Lot No./Equipment ID:

**Related to:** Process ☐ Equipment ☐ Facility ☐ Analysis ☐ Document ☐ Material ☐

Other ☐ Other specify \_\_\_\_\_ (Tick as appropriate)

**Deviation: PLANNED / UN PLANNED**

**Reason for deviation:**

**Brief Investigation:**

**Initiator Name:** \_\_\_\_\_ **Designation** \_\_\_\_\_ **Sign / Date:** \_\_\_\_\_


**Reviewer-Sign and Date**  **21/08/2024**

**Approver-Sign and Date**  **21/08/2024**

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**Immediate Corrective Action Taken:**

**Proposed Corrective Action:**

**Initiator (HOD)**

Name \_\_\_\_\_, Designation \_\_\_\_\_, Sign / Date: \_\_\_\_\_

**EVALUATION BY QA MANAGER**

**Reoccurrence:** Yes [ ] No [ ]

If Yes Previous Deviation No: \_\_\_\_\_

Recurrence Details: \_\_\_\_\_

Detailed Investigation required: Yes [ ] No [ ]

**Review of immediate/ Proposed Corrective Action by QA:**

**Potential impact of Deviation upon the safety, identity, strength, purity & quality if any:**

**Reviewer-Sign and Date**



21/08/2024

**Approver-Sign and Date**




21/08/2024

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**Impact Assessment:**

Change Control required : Yes [ ] No [ ] NA [ ]  
 Risk Assessment required : Yes [ ] No [ ] NA [ ]  
 Process Validation required : Yes [ ] No [ ] NA [ ]  
 Cleaning Validation required : Yes [ ] No [ ] NA [ ]  
 Stability Study required : Yes [ ] No [ ] NA [ ]  
 CAPA required : Yes [ ] No [ ] NA [ ]  
 Any other: : Yes [ ] No [ ] NA [ ]  
 Specify: \_\_\_\_\_

Classification: Minor [ ] Major [ ] Critical [ ] ( Tick as appropriate)

**Manager-QA**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Sign / Date: \_\_\_\_\_

**E. EVALUATION BY CROSS FUNCTIONAL TEAM:**

Departments Name	Comments	Sign/Date

**Evaluation by Customer** (If applicable)

Sign/ Date: \_\_\_\_\_

Reviewer-Sign and Date



21/08/2024

Approver-Sign and Date




21/08/2024

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 MEHA PHARMA Kundaim-Goa	Title	DEVIATION FORM		
	Ref. Doc. No.	SOP/QAD/008		
Deviation No.:		Department		

**APPROVAL BY QA**

The deviation is **Approved** [ ☐ ] **Rejected** [ ☐ ] ( Tick as appropriate)

**Comments (if rejected) :**

**Recommended Corrective and Preventive Action:(Refer Investigation if applicable):**

**Manager -QA (Sign/Date):**

**Reference CAPA no. (If applicable)** \_\_\_\_\_

**Closure by QA (Tick as Appropriate)**

Corrective and Preventive Action Implemented	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]
New document prepared	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]
Document revised	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]
Training Imparted to concerned persons	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]
Relevant documents attached with deviation	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]
Implemented CAPA is effective for the system	:	Yes	[ <input type="checkbox"/> ]	No	[ <input type="checkbox"/> ]	NA	[ <input type="checkbox"/> ]

**Any Other:**\_\_\_\_\_

**Closure Comments by QA Officer:**

**QA Officer Sign/ Date:**

**Closure by QA Head:**

**QA Head Sign/ Date:**

**Reviewer-Sign and Date**  **21/08/2024**

**Approver-Sign and Date**  **21/08/2024**

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