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| **CORRECTIVE ACTION REVIEW FORM**Form: FM\_MQL24 |

**To be completed by the AUDITOR and submitted to the MANUFACTURER and the APVMA, within 10 days of receipt of Corrective Actions/Plan submitted for Desk Review or date of Verification Audit.**

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| **Email:** | **Post:** |
| [MLS@apvma.gov.au](mailto:MLS@apvma.gov.au) **(preferred)** | APVMA GPO Box 3262 SYDNEY NSW 2001 |

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| 1. Name and street address  of Manufacturer audited. |  | | | 1. **Licence / Reference No.** |  |
| 1. **Date/s of original audit.** |  | 1. **Review Type** | Desk Review  Date: ………..  VerificationAudit  Date: ……….. | | |
| 1. **Auditor’s Name** |  | | | | |

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| 1. **Corrective Action Review:** | | | | | |
| NC No.  *(from Section C of Audit Report)* | **Plan (where approved by APVMA) or Evidence Reviewed**  *(please confirm why proposed plan for corrective actions has been accepted or specify document numbers etc when undertaking a review of objective evidence, attach copy of  corrective action plan, if applicable)* | | **Date Rec’d from Manuf.** *(desk review submissions)* | Satisfactory (Yes/No) | **If, “No”, Due Date for Re-Submission /Re-Audit** |
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| 1. **Root Cause:** | | Did the company adequately consider and identify the root cause(s) when preparing the corrective action plan or when implementing the corrective actions (where applicable)  **YES**   **NO**  **Comments:** | | | |
| 1. **Other comments:** | |  | | | |
| 1. **Completion:** | | ALL non-conformances have been satisfactorily addressed **YES**   **NO** | | | |
| 1. **APVMA Information *(please tick)*** | | Has been or will be **returned** to the APVMA  Has been or will be **destroyed** securely | | | |

**Auditor’s Signature:** ....................................................... **Date:** .......................................