|  |
| --- |
| **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.**

|  |  |
| --- | --- |
| **Email:** | **Post:** |
| MLS@apvma.gov.au **(preferred)** | APVMAGPO Box 3262SYDNEY NSW 2001 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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**
 |  |

|  |
| --- |
| 1. **Corrective Action Review:**
 |
| NC No.*(from Section C of Audit Report)* | **Plan (where approved by APVMA) orEvidence 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**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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:** .......................................