# CAPA Improvement by PDCA Cycle

| Date | Process | Process owner |
|---|---|---|
|  |  |  |

| Types of Problem (Please Tick mark) | | | Cross Functional Team – Member List |
|---|---|---|---|
|  | Potential Problem | PP | 1. |
|  | Existing Problem | EP | 2. |
|  | Improvement | I | 3. |

| Description of Problem |
|---|
|  |

| PLAN | |
|---|---|
|  | |
| Planned by: | Sign. |

| DO | |
|---|---|
|  | |
| Planned by: | Sign. |

| CHECK | |
|---|---|
|  | |
| Planned by: | Sign. |

| ACT | |
|---|---|
|  | |
| Planned by: | Sign. |

| DOCUMENT VERIFICATION |
|---|
|  |
| VERIFIED BY & SIGN : |