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<i>Organization name</i>	SP-QMS-003	Revision #: 0 Date (mm/dd/yyyy):

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Author			
Reviewer			
Approver			

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A Corrective Action Preventive Action Request (CAPA) is generated and sent to the supplier.

6 REFERENCES

7 FORMS

Form ID number	Revision #	Title
FO-QMS-003001	0	Deviation Report
FO-QMS-003002	0	CAPA

8 ATTACHMENTS

9 DOCUMENT CHANGES

9.1 DOCUMENT CHANGES IDENTIFICATION

Revision #	Description of Change	DCR #	Effective Date (dd/mm/yyyy)

9.2 REASON FOR CHANGES