

Raw Material Handling Deviation Report

Date:

Report No.:

Reported by:

Raw Material Details

Material Name:

Batch No.:

Supplier:

Quantity:

Deviation Description

Observed By

Name:

Department:

Date & Time:

Immediate Action Taken

Root Cause Analysis

Corrective and Preventive Actions (CAPA)

Reviewed & Approved By

Name	Department	Signature	Date

