

Pharmaceutical Supply Chain Initiative (PSCI) Corrective Action Plan Report for PSCI Audit at Supplier

AUDITOR AND AUDIT REPORT INFORMATION

Report Number:			
Date of audit:		Date and type of previous audit:	
Audit Firm Name:			
Lead Auditor Name:		Title:	
Names of other auditors			
International Phone Number:		Email Address:	

FACILITY DETAILS

Company Name:			
Parent Company Name (if applicable)			
Street Address:			
City:		State/Province/County:	
Postal/Zip Code:		Country:	

Facility Background Information

<p>Please indicate which of the following best describes this facility (check all that apply):</p>	<ul style="list-style-type: none"> API (Drug substance and intermediates) Drug product ****checkboxes Primary Packaging Secondary Packaging, Distribution, Biological manufacture, Chemical R&D Service provider Other (describe)
<p>Describe type of work currently being, or proposed to be, performed at this facility, and product type(s):</p>	

SITE CONTACT INFORMATION

Site Representative Name (host):		Title:	
International Phone Number:		Email Address:	

PSCI Supplier Corrective Action Plan

Confirmation

Please sign this document confirming that the above findings have been discussed with and understood by you: (site management)

Site Representative Signature:

Name

Title

Date

Auditor Signature:

Name

Title

Date

Please indicate below if you, the site management, dispute any of the findings

I dispute the following numbered Findings:

Please indicate if this Audit Report and Corrective Action Plan can be shared with PSCI member companies.

Agree to share the completed Audit Report and Corrective Action Report with all PSCI members: Yes _____ No _____

Agree to share completed Audit Report and corrective Action Report with only specific PSCI members (please list companies):

Signed:

Title

Date

Site Comments:

