



**INTEGRATED BIOREPOSITORY OF H3AFRICA UGANDA**

**FORM**

TITLE: <b>CORRECTIVE AND PREVENTIVE ACTION FORM</b>		Supersedes #:None
FORM#: <b>IBRH<sub>3</sub>AU-FORM-004</b>	Effective Date: <b>09/01/2014</b>	

Area /Department:	
Date:	Personnel Involved:
Description of non-conformance:	Root cause analysis;
Corrective Action:	
Date of Implementation:	
Preventive Action	
Date of Implementation	
Verification	
Date of Verification	
Supervisor Name	Date

**CONFIDENTIALITY CLAUSE**

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