



INTEGRATED BIOREPOSITORY OF H3AFRICA UGANDA

FORM

TITLE: CORRECTIVE/PREVENTIVE ACTION TRACKING FORM

Supersedes #: None

FORM#: IBRH3AU-FORM-005

Effective Date: 09/01/2014

Table with 7 columns: CAPA, Issue date, Area/dept, Problem description, Corrective action completion date, Preventive action completion date, closure. The table contains 20 empty rows.

CONFIDENTIALITY CLAUSE

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