

 Responsible Office/Division	Document No.: MDSAP QMS F0008.5.002	Page 1 of 1
	Version Date: 2013-12-02	Effective Date: 2013-07-15
Title: MDSAP QMS Resolution of Assessment Findings Form <i>(Optional)</i>		Project Manager: Liliane Brown, USFDA

DATE: YYYY/MM/DD

FROM: Enter Name

THRU: Enter Name

TO: Enter Name

SUBJECT: Resolution of Assessment Findings / Site: Enter Site Name -
Example FDA MDSAP QMS

1. Brief description of corrective action(s)

2. Implementation and effectiveness of corrective action(s)
 - a. # of corrective action(s) determined to be effective
 - b. # and ID of corrective action(s) assigned for more follow up with target date for closure
 - c. Trends
 - d. Quality goals