



Corrective and Preventive Action (CAPA) Table Template for ISO 14001:2015 Compliance

Organization Name:

Document ID: [Unique Identifier]

Date of Issue: [Date]

CAPA Number: [CAPA Number]

Section	Details
Issue Identification	
Issue Description	[Provide a detailed description of the environmental nonconformity or potential nonconformity, including any deviation from ISO 14001:2015 requirements.]
Date Identified	[Date when the issue was identified.]
Reported By	[Name and position of the person who identified the issue.]
Department	[Department where the issue was identified.]
Immediate Action	
Immediate Action Taken	[Describe any immediate actions taken to address the issue to minimize environmental impact.]
Date of Immediate Action	[Date when the immediate action was taken.]
Responsible Person	[Name and position of the person responsible for the immediate action.]
Root Cause Analysis	



Root Cause Analysis Method	[Specify the method used for root cause analysis, e.g., 5 Whys, Fishbone Diagram.]
Root Cause(s) Identified	[List the root cause(s) of the issue.]
Corrective Action Plan	
Corrective Action(s)	[Describe the corrective actions to be taken to address the root cause(s) of the issue to comply with ISO 14001:2015 requirement.]
Responsible Person	[Name and position of the person responsible for implementing the corrective actions.]
Target Completion Date	[Date by which the corrective actions should be completed.]
Preventive Action Plan	
Preventive Action(s)	[Describe any preventive actions to be taken to prevent recurrence of similar issues and ensure ongoing compliance with ISO 14001:2015.]
Responsible Person	[Name and position of the person responsible for implementing the preventive actions.]
Target Completion Date	[Date by which the preventive actions should be completed.]
Verification of Effectiveness	
Verification Method	[Describe how the effectiveness of the corrective and preventive actions will be verified, ensuring alignment with ISO 14001:2015 .]
Verification Date	[Date when the verification will take place.]
Verification Results	[Document the results of the verification process, including evidence of compliance with ISO 14001:2015.]
Verified By	[Name and position of the person who verified the effectiveness of the actions.]



Closure	
Closure Date	[Date when the CAPA was closed.]
Approved By	[Name and position of the person who approved the closure of the CAPA.]
Signature	[Signature of the approving authority.]