

**IRIS Corrective Action Follow-Up Form** Rev.1.0

*Compiled by Audit Team Leader following Corrective Action Response*

**Follow-up Review Date:** \_\_\_\_\_

**Follow-up Review Type:**

**Immediate Containment Action Taken?**

**Immediate Containment Action Effective?**

*Audit Trail Evidence:*

**Root Cause Analysis Performed?**

**Root Cause Identified and Avoids Restatement of NC?**

*Audit Trail Evidence:*

**Corrective Action Plan Developed?**

**CAP Addresses Root Cause and Systemic Weaknesses?**

*Audit Trail Evidence:*

**Follow-up Conclusion:**

**Escalation Required?**

**Follow-up Feedback:** *(Evidence Observed, Conclusions, and Further Action Required, if applicable)*

Closure date (if applicable): \_\_\_\_\_