

<b>FORM</b>		
Title <b>Record of Self-inspection</b>		
Form No.: <i>XXX</i>	Revision No.: <b>001</b>	Effective Date <i>DD-MMM-YYYY</i>

<b>Objectives:</b>		
<b>Scope:</b>		
<b>Areas not covered:</b>		
<b>Members and roles of team members:</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	
<b>Date of self-inspection:</b>		
<b>GMP standard used: ASEAN GMP Guidelines for <i>TM or HS</i></b>		
<b>Documents and records reviewed:</b>		
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>		
<b>People interviewed:</b>	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>	
<b>Results / Findings of Self-Inspection:</b>		
<b>S/N</b>	<b>NON-CONFORMITIES</b>	<b>Remarks</b>
1.		
2.		
3.		
<b>S/N</b>	<b>OTHER OBSERVATIONS &amp; RECOMMENDATIONS</b>	<b>Remarks</b>

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<b>SIGNATURE OF TEAM MEMBERS:</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Comments by management:</b>		

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**Self-Inspection follow-up:**

<b>S/N</b>	<b>NC</b>	<b>CLASSIFICATION OF NC</b>	<b>ACTION BY (DEPT / UNIT) AND PROPOSED COMPLETION DATE</b>	<b>ROOT CAUSE, PROPOSED CORRECTIVE / PREVENTIVE ACTION</b>	<b>STATUS</b>	<b>FINAL VERIFICATION (INDICATE COMPLETION DATE)</b>

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**REVISION HISTORY**

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	<i>XXX</i>	<i>YYY</i>	<i>DD-MMM-YYYY</i>	New Document.

**APPROVAL**

Prepared by: \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature/Date: \_\_\_\_\_