Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Drinking Water Onsite Assessment Corrective Action Plan (CAP) Form

LAB NAME: _____ LAB ID: _____ SITE VISIT DATE(S): _____

Corrective action must be completed and supporting documentation submitted within 60 days of receiving the assessment report.

Finding or Issue #	Laboratory's Corrective Action Plan – *include sufficient detail to communicate that the plan has addressed the finding observed in a manner to prevent recurrence* [1]	Items Submitted to DCLS to Demonstrate Completion [2]	DCLS LABORATORY CERTIFICATION USE		
			Plan Approved [Y/N]	Documents Received [Date]	Documents Accepted [Date]

[1] Include descriptions of updates to Quality Manual, SOPs, bench sheets, training records, etc. as relevant to demonstrate <u>full implementation</u> of the corrective action plan. Typical corrective actions require updates to POLICY/PROCEDURE + PRACTICE, accompanied by STAFF TRAINING, for full implementation.

[2] **Documentation demonstrating that the corrective action plan has been implemented is required for all drinking water laboratory assessments.**

HOW TO SUBMIT REQUESTED FILES: VELAP now provides an easy-to-use and secure file transfer site for the convenience and secure transfer of files for VELAP's laboratory customers. USE OF THIS SITE IS STRONGLY RECOMMENDED IN PLACE OF SENDING FILES BY E-MAIL. Information on the VELAP File Upload Process can be found HERE. Contact VELAP for the link to this site if not provided in the e-mail that contained this form.

File types that can be transferred using this site: .pdf, .doc, .docx, .jpeg, .jpg, .png, .bmp, .tiff, .tif, .zip, .rar, .xls, .xlsx, .csv, .txt

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