

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

Drinking Water Onsite Assessment Corrective Plan 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 – <i>include sufficient detail to communicate that the plan has addressed the finding observed in a manner to prevent recurrence</i> 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 full implementation 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.