

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

Onsite Assessment Corrective Action Plan (CAP) Form

LABORATORY NAME: _____ VELAP ID: _____ Site Visit Date(s): _____

LABORATORY RESPONSE:

DCLS USE ONLY:

Checklist ID / Issue #	Lab's Corrective Action Plan	Expected Completion Date	Documentation to be submitted to DCLS to demonstrate implementation*	Plan Approval [Yes/No]	Description of Documentation Received	Doc Accepted [Date]

* Include Quality Manual, SOPs, bench sheets, training records, meeting notes, etc. as relevant to demonstrate full implementation of corrective action. Typical corrective actions require updates to POLICY/PROCEDURE + PRACTICE, accompanied by STAFF TRAINING, for full implementation.

* **DCLS expects to see evidence of implementation of corrective action plans.** For certification under 1VAC30-45, refer to 1VAC30-45-390 D and 1VAC30-45-100 B regarding the laboratory's responsibility for corrective actions. For accreditation under 1VAC30-46, refer to 1VAC30-46-220 L and 1VAC30-46-100 B.

* **PLEASE NUMBER INDIVIDUAL ACTION ITEMS AND DOCUMENTATION ITEMS WITHIN A CORRECTIVE ACTION.**

See the Corrective Action section of the VELAP web page (www.dgs.virginia.gov/dcls) for additional information and CAP examples.