

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

Tuning Fork Laboratory Onsite Evaluation Corrective Action Form

LAB NAME: _____ LAB ID: TFC - SITE VISIT DATE: _____

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]
C.1	Revise SOP to address requirements that all raw data be recorded as well as the calculated average of the readings.	Example of a revised bench sheet showing all raw frequency readings and well as the averages of the readings for each tuning for tested.			
E.5	Revise training procedure to describe the goal of training, the learning objectives, and the criteria by which effectiveness will be evaluated.	Copy of revised training procedure.			
E.6	1. Revise the training procedure to state acceptance criteria for the initial demonstration of capability (DOC). 2. Review training records from the past three years against the acceptance criteria for the DOC. 3. Have any analysts whose DOC data did not meet the acceptance criteria repeat the procedure.	1. Copy of revised training procedure. 2. Results of review of training records. 3. Copies of any demonstrations of capability that had to be repeated.			
F.1	Document training for all personnel regarding the correct way to make changes to laboratory records.	After 90 days, submit a data package showing that corrective action has been implemented and maintained.			
F.2	Implement a rotating schedule for peer review of tuning fork certification testing records. Peer reviewers will sign or initial and date all work reviewed.	After 90 days, submit a data package showing that corrective action has been implemented and maintained.			

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 tuning fork laboratory assessments.