Onsite Assessment Corrective Action Plan (CAP) Form

<table>
<thead>
<tr>
<th>Checklist ID / Issue #</th>
<th>Lab’s Corrective Action Plan – <em>include sufficient detail to communicate the plan has addressed the non-conformity observed in a manner to prevent recurrence</em></th>
<th>Expected Completion Date</th>
<th>Documentation to be submitted to DCLS [IF REQUESTED] to demonstrate implementation**</th>
<th>VELAP USE ONLY</th>
</tr>
</thead>
<tbody>
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<td>Plan Approval [Yes/No] Document-</td>
<td>Documentation received?</td>
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<td>tation requested? [Yes/No]</td>
<td>[Yes/No]</td>
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</tbody>
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* Include description of updates to Quality Manual, SOPs, bench sheets, training records, 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.

** IF VELAP REQUESTS SUBMISSION OF DOCUMENTATION AFTER REVIEW OF THE SUBMITTED PLAN, PLEASE LABEL ALL DOCUMENTS SUBMITTED TO CORRESPOND WITH THE CHECKLIST ID / ISSUE #. Please do not submit documentation unless requested. Documentation not submitted will be reviewed at the next on-site assessment.

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

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