

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): _____

Checklist ID / Issue #	Lab's Corrective Action Plan – include sufficient detail to communicate the plan has addressed the non-conformity observed in a manner to prevent recurrence*	Expected Completion Date	Documentation to be submitted to DCLS [IF REQUESTED] to demonstrate implementation**	VELAP USE ONLY			
				Plan Approval [Yes/No]	Documentation requested? [Yes/No]	Description of Docs Received recorded in PROD? [Yes/No]	Doc Accepted [Date]

* 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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