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| **Corrective Action Plan** |
| **Issued by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Description of deficiency***[Clearly describe the deficiency or non-conformance .]* |
| **Root Cause of deficiency***[Clearly state the root cause for the deficiency or non-conformance .]* |
| **Programmatic Impact of deficiency***[Describe the evidence reviewed to determine the impact of the deficiency or non-conformance on the program and/or data. What timeframe was reviewed?* *Was data reviewed for anomalies or step changes? Did the deficiency or non-conformance result in the program not meeting customer requirements?* *Note: A statement of “no impact” to reported data must be supported with a statement that describes exactly what was reviewed and how it was reviewed.]* |
| **Does the seriousness of the deficiency require immediate reporting to the TCEQ? If so, when was it?** |
| **Corrective Action to address the deficiency and prevent its recurrence***[What will be done to correct the deficiency or non-conformance ? Were all parts of the finding addressed? Who is responsible for implementation?* *Will procedures or forms be created or revised? Will training be given? (Training is required if procedures/forms are created or revised.)]* |
| **Proposed Completion Date for Each Action***[When will the Corrective Action be completed? If multiple Corrective Actions are proposed, a timeframe (month/year) must be included for each action.**Is the timeframe reasonable? (Generally speaking, 30-90 days is reasonable. An explanation must be given when more than 90 days are needed.)]* |
| **Individual(s) Responsible for Each Action***[Clearly describe who will do what to address the Corrective Action.]* |
| **Method of Verification***[How will the Corrective Action be documented? If multiple Corrective Actions are proposed, the means to document each action must be included.**(This corrective action plan is not documentation of the Corrective Action(s). This section must identify the specific document(s) used to document the action, e.g., revised SOP, forms, calendar, training records, etc.) ]* |
| **Date Corrective Action Plan Closed?***[This is the date when the Corrective Action Plan has been completed. This cannot be recorded until the Corrective Action Plan is closed.]* |