**Attachment A – Corrective Action Response Template**

**TCEQ Corrective Action Response Guidance**

Use the guidance below to assist in completing the Response Template on Page 3. Use multiple copies of Page 3 if necessary. The laboratory is not required to submit the response on the template, but the response **must address each item and question listed below.** A Word version of the template is available at:

<https://www.tceq.texas.gov/agency/qa/env_lab_accreditation.html>

Additional guidance is available at: <https://www.tceq.texas.gov/assets/public/compliance/compliance_support/qa/trade_fair_2017_car_presentation.pptx>

(Do not return the guidance pages with your response)

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| **Corrective Action(s) (CA) to Address the Deficiency:** | What was done to correct the deficiency?  Were *all parts* of the finding addressed?  Were procedures created or revised?  Were forms created or revised?  Was training given? (Training is required if procedures/forms are created or revised.) |
| **Timetable(s) for Implementation of CA:** | When will the CA be completed (month/year)?  If multiple CAs are proposed, a timeframe must be included for each action.  Is the timeframe reasonable? (Generally speaking, 30-90 days is *reasonable*. However, an explanation must be given when an extended timeframe is needed.) |
| **Means to Document Corrective Action(s):** | How will the CA be documented?  If multiple CAs are proposed, the means to document each action must be included.  Note: The laboratory must identify the specific documents (e.g., revised SOP, training forms, etc.). Simply referring to the laboratory’s corrective action report will not be acceptable. |
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| **Action(s) to Prevent Recurrence (APR) of the Deficiency:** | What will be done to prevent the deficiency from occurring again?  Are all parts of the finding addressed? Is the APR *distinctly different* from the CA?  Will procedures or forms need to be created or revised?  Was training given? (Training is required if procedures/forms are created or revised.)  Did the laboratory address the deficiency *globally?* (e.g., across all laboratory areas, SOPs, equipment, forms, procedures, etc.) |
| **Timetable(s) for Implementation of APR:** | When will the APR be completed (month/year)?  If multiple APRs are proposed, a timeframe must be included for each action.  Note: The laboratory must identify the specific timeframe for actions occurring “annually” (e.g., once per 12 months, once per calendar year, once per fiscal year, etc.). |
| **Means to Document Action(s) to Prevent Recurrence:** | How will the APR be documented?  If multiple APRs are proposed, the means to document each action must be included.  Note: The laboratory must identify the specific documents (e.g., revised SOP, training forms, etc.). Simply referring to the laboratory’s corrective action report will not be acceptable. |

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| **Client Notification:** | **N/A.  Yes. The cited deficiency casts doubt on the validity of results.**  This box should be checked “Yes” if the deficiency casts doubt on the validity of results. For example, did the laboratory deviate from the reference method for a method defined analyte?  This box should be checked “Yes” if the deficiency does not conform to the requirements of the customer.  Note: Generally, deviations from the reference method are not allowed for drinking water. Exceptions may apply when using a manufacturer’s instruction for instrumentation. However, the deviations (modifications) must be documented. |
| **Action(s) for Client Notification:** | What was done to determine which clients would need to be notified?  How far back did the notification timeframe go?  Was the stated timeframe sufficient? |
| **Timetable(s) for Client Notification:** | When will the laboratory send the notification to clients? |
| **Means to Document Client Notification(s):** | How was the notification documented? |
| **Verification of Effectiveness:** | How will the laboratory verify that the CA and APR were effective?  What criteria will the laboratory use to determine effectiveness?  Note: Verification is accomplished through follow-up monitoring to ensure the identified deficiency was resolved. Some findings, such as an addition to the Quality Policy Statement, do not necessitate immediate follow-up monitoring. However, the laboratory is responsible for keeping documents current and stating how they will do so. |
| **Timetable(s) for Verification:** | When will verification be completed (month/year)? |
| **Means to Document Verification:** | What records will document that follow-up monitoring occurred and the CA and APR were effective? |

**Template for Responses for Assessment #AXX-XX**

**Corrective Action Response for TNI Assessment #:**

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| **Laboratory:** |  |
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| **Finding Number:** |  |
| **Deficiency:** |  |
|  |  |
| **Corrective Action(s) (CA) to Address the Deficiency:** |  |
| **Timetable(s) for Implementation of CA:** |  |
| **Means to Document Corrective Action(s):** |  |
|  |  |
| **Action(s) to Prevent Recurrence (APR) of the Deficiency:** |  |
| **Timetable(s) for Implementation of APR:** |  |
| **Means to Document Action(s) to Prevent Recurrence:** |  |
|  |  |
| **Client Notification:** | **N/A.  Yes. The cited deficiency casts doubt on the validity of results.** |
| **Action(s) for Client Notification:** |  |
| **Timetable(s) for Client Notification:** |  |
| **Means to Document Client Notification(s):** |  |
|  |  |
| **Verification of Effectiveness:** |  |
| **Timetable(s) for Verification:** |  |
| **Means to Document Verification:** |  |