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| **CAP Element** | **Information to be provided/**Instructions and guidance |
| **Finding/Nonconformance Number:** | Finding Number or entity/program name and assigned Nonconformance Number |
| **Finding/Deficiency:** | Restate finding from audit report.  For nonconformances identified outside of the audit process, clearly state the deficiency. |
| **Root Cause:** | The underlying cause of an adverse condition which, when corrected, will prevent further recurrence of the condition.  Clearly state why the nonconformance occurred.  Note: Often it is helpful to ask “why” several times. The root cause is different from the finding but should address the finding fully. |
| **Programmatic/Data Impact:** | Describe the evidence reviewed to determine the impact of the nonconformance on the program and/or data. What timeframe was reviewed?  Was data reviewed for anomalies? Did the nonconformance result in the program not meeting project 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. |
| **Corrective Action(s) (CA) to Address the Finding:** | What will be done to correct the nonconformance? 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.) |
| **Timetable(s) for Implementation of CA:** | When will the CA be completed? If multiple CAs 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.) |
| **Means to Document CA:** | How will the CA be documented? If multiple CAs are proposed, the means to document each action must be included.  (This corrective action plan is not documentation of the CA(s). This section must identify the specific document(s) used to document the action, e.g., revised SOP, forms, calendar, training records, etc.) |
| **Action(s) to Prevent Recurrence (APR) of the Finding:** | What will be done to prevent the nonconformance from occurring again?  Does the APR address the nonconformance globally? (e.g., across all similar activity areas, SOPs, equipment, forms, procedures, etc.)  Is the APR distinctly different than the corrective action to address the finding?  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.) |
| **Timetable(s) for Implementation of APR:** | When will the APR be completed?  If multiple APRs are proposed, a timeframe must be included for each action. |
| **Means to Document APR:** | How will the APR be documented? If multiple APRs are proposed, the means to document each action must be included. |
| **Verification of Effectiveness:** | How will the CA and APR be verified for effectiveness?  Who will verify that the CA and APR are completed? Effective?  When will verification be completed? How will verification be documented? |