ON-SITE ASSESSMENT	LABORATORY NAME:
CORRECTIVE ACTION PLAN (CAP)	VELAP ID: SITE VISIT DATE(S):
LABORATORY RESPONSE:	DCLS USE ONLY:

Checklist ID / Issue #	Lab's Corrective Action Plan	Expected Completion Date	Documentation to be submitted to DCLS to demonstrate implementation*	Plan Approval [Yes/No]	Description of Documentation Received	Doc Accepted [Date]

<sup>\*</sup> Include Quality Manual, SOPs, bench sheets, training records, meeting notes, etc. as relevant to demonstrate <u>full implementation</u> of corrective action. Typical corrective actions require updates to POLICY/PROCEDURE + PRACTICE, accompanied by STAFF TRAINING, for full implementation.

<u>DCLS expects to see evidence of implementation of corrective action plans.</u> For certification under 1VAC30-45, refer to 1VAC30-45-390 D and 1VAC30-45-100 B regarding the laboratory's responsibility for corrective actions. For accreditation under 1VAC30-46, refer to NELAC 2003 4.1.3 and 1VAC30-46-100 B.

## PLEASE NUMBER INDIVIDUAL ACTION ITEMS AND DOCUMENTATION ITEMS WITHIN A CORRECTIVE ACTION.

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