1**SUBJECT:**	IMS Corrective & Preventive Action Plan Form	**NUMBER:**	**10.001.000 FORM 1**
RESPONSIBILITY:	Quality Assurance Manager	**REVISION:**	001
APPROVED BY:	Director, Office of Quality and Best Practices	**EFFECTIVE:**	

This section to be completed by the Office of Quality and Best Practices
IMS Issue Tracking Number:
IMS Issue Name:
Date Issue Entered into IMS
Division/Section:
Responsible Person:
Initial Risk Level Grade: Acceptable (1-4) ☐ Marginal (5-9) ☐ Unacceptable (>=10) ☐
Comments:

This section to be completed by the Responsible Person
Background, significance and impact of issue on the site/organization and other sites/organizations:
Organization and manager assigned to monitor the issue evaluation, develop and implement CAP:
Pre-existing conditions prior to identification of the issue:
Depth of root cause evaluation (check one): Formal ☐ Informal ☐ (see Corrective & Preventive Action Procedure)
Issue evaluation and results including supporting facts and root cause(s):
Description of corrective action(s) including; phases of actions to be implemented, expected results, resources to be employed, and compensatory measures until completion (if applicable):
Planned start date, and due date for completion.

Lessons Learned:
Action deliverable – planned product that will provide objective evidence (verification) that the corrective action(s) implementation is completed & verification process:
Description of follow-up corrective action effectiveness review including who is assigned to perform this validation:
Comments:

Table of Revisions

Author	Description	Revision	Date
Jed Heyes	Draft based on DOE G 414.1-5	000	06/28/07
Jed Heyes	Initial publication	001	