

CAP INITIATION – CORRECTIVE ACTION REQUEST

This section to be completed by the person requesting corrective / preventive action

Requestor Name: Johnathan Doe

Organization: OQ

Phone: 1234

Nonconformity/Opportunity To Be Addressed: IQA chapter 3, Quality Improvement refers to a Fermilab Quality Improvement Training course FN000999. Although IQA Rev000 B17 was published in October 2008 this course has not yet been developed and made available to the laboratory.

Unique Tracking Number: DS-YYYYMMDD-xx: OQ-20120102-01
(DS=Div or Sec, YYYYMMDD-xx = Date Opened, x=1, 2, ...n)

*** Other Tracking Number:** _____
(Ex: ESHTRAK #, DMR # etc)

Responsible Person: Jane Smith

Division/Section/Center: OQ

Department/Group: QA

Phone: 4321

***Comments:** _____

CAP DEVELOPMENT CAP Version (increment by 1 with each change) 1

This section to be completed by the Responsible Person

Describe the Actual Nonconformity/Opportunity, and What Caused it (Root Cause):

The Fermilab Quality Improvement training course, FN000999 has not yet been implemented due to higher priority work being done and lack of sufficient resources.

Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and

(where applicable) Lessons Learned: Locate a resource with the time and expertise to develop, implement, and roll out the training course.

Planned start date (YYYYMMDD): 20120103

Key milestones and Dates:

Develop training outline - 1/5/2012

Develop training slides – 03/05/2012

OQBP review and update slides – 04/05/2012

Media Services produces slide show – 05/05/2012

ES&H links training to TRAIN – 05/15/2011

Training announcement in Fermilab Today – 06/05/2012

Estimated date for completion (YYYYMMDD): 20120605

Who will complete the work Jane Smith	Phone: 4321
Who will perform verification Johnathon Doe	Phone: 1234
*Comments: Joe Doaks will assist Jane in testing the training prototype slides	

CAP APPROVAL,

This section to be completed and signed by manager of responsible person	
** Approval Manager: <u> Fred Blogs </u>	Date: <u> 20120102 </u> (YYYYMMDD)
*Comments: _____	

CAP CLOSURE

This section to be completed and signed by persons identified below	
Description of actions taken to implement (if different than plan): William Kidd tested the prototype instead of Joe D.	
**Work Completed By: <u> Jane Smith </u>	Date: <u> 20120513 </u> (YYYYMMDD)
**^Verified By: <u> Johnathan Doe </u>	Date: <u> 20120102 </u> (YYYYMMDD)
*Comments: _____	
** Acceptance Requestor: <u> Johnathan Doe </u>	Date: <u> 20120102 </u> (YYYYMMDD)
*Comments: <u> Very professional looking training slides providing good information </u>	

Validation of effectiveness & relevance of closed CAPs may be performed by OQBP staff