

SUBJECT:	Fermilab Corrective & Preventive Action Plan – Form 1 - Simple	NUMBER:	1004.1001 FORM 1
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 C3
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	04/03/09

CAP INITIATION

This section to be completed by the person requesting simple corrective / preventive action		
Requestor Name: Jim Rife	Organization: Technical Division	Phone: 4398
Problem/Opportunity To Be Addressed: Activity 64, Step 2. Document Control. Laboratory Directors Policy #1 & #13. The CIS Backup Account Shared Service Form does not meet Directors Policies #13 for revision control.		
Unique Tracking Number: TD-05-05-2009-003		
(DD=Div or Sec, MM/DD/YYYY= Date Opened, x=1, 2, ...n)		
Responsible Person: Bob Andree	Organization: Technical Division CIS	Phone: 3703
**Responsible Person Acceptance: _____ <u>Bob Andree</u> Date: 5/11/09		
*Comments:		

CAP DEVELOPMENT

This section to be completed by the Responsible Person	
Describe the Actual Problem/Opportunity, and What Caused it (Simple Root Cause):	
<p>Error! Not a valid bookmark self-reference. The CIS Backup Account Shared Service Form does not meet Directors Policies #13 for revision control.</p>	
Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and (where applicable) Initial Lessons Learned: Error! Not a valid bookmark self-reference.	
<p>We need to release the document if it is applicable and or determine that the document is not needed.</p>	
Planned start date (format MM/DD/YYYY): 9/10/09	
Key milestones and Dates:	

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Estimated date for completion: 10/15/09 <small>Error! Not a valid bookmark self-reference.</small>	
Who will complete the work, Robert Andree	Phone: 3703
Who will perform verification and/or validation, Tom Gehrke	Phone: 2263
**Responsible Person: _Robert Andree_____	Date: 9/03/09
*Comments:	

CAP APPROVAL, & CONCURRENCE

This section to be completed and signed by persons identified below	
** Approval Head D/S/C: _____	Date: _____
*Comments:	
***OQBP Concurrence: _____	Date: _____
*Comments:	

CAP CLOSURE

This section to be completed and signed by persons identified below	
Description of actions taken to implement:	
**Implemented By: _____	Date: _____
**Verified By: _____	Date: _____
*Comments:	
** Acceptance Requestor: _____	Date: _____
*Comments:	

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**Acceptance Head D/S/C: _____ Date: _____
*Comments:

See Fermilab Corrective Action Plan Guide to Form 1 for directions and a completed example