

<b>CORRECTIVE ACTION PLAN(CAP)(To be completed by the Auditee)</b>			
Name of Organisation:	Location:	Date:	Finding No:
Details of Finding			
Immediate or Short Term Corrective Action (if required):			
Completion Date:			
Medium to Long Term Corrective Action			
1. Cause(s) of problem			
2. Action taken/ to be taken			
Proposed Completion Date:	Organisation's Representative Name:		Date:
	Signature:		