



CORRECTIVE ACTION PLAN (CAP) (To be completed by the Auditee within 14 days)

Auditee:	Location:	Date:	Finding No:
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Finding code & number	Level	Timescale for Rectification (Days)
Regulatory Reference(s)		
Finding (including any restrictions)		

Root Cause(s) of problem

Immediate or Short Term Corrective Action:

Corrective Action Proposed Steps <i>(delete if only one action, add if more)</i>	Action Office	Proposed Implementation Date
1.		
2.		
3.		

Long Term Corrective Action		
Corrective Action Proposed Steps <i>(delete if only one action, add if more)</i>	Action Office	Proposed Implementation Date
1.		
2.		
3.		
Action to monitor the effectiveness of preventative action:		
The following documents are attached as evidence to support closure of finding:		
Proposed Final Completion Date:	Organisation's Representative Name: Position: Signature: _____	Date Submitted:
Proposed Final Completion Date: <i>(add additional signatures if needed)</i>	Organisation's Accountable Executive Name: Position: Signature: _____	Date Submitted:

FOR OFFICIAL USE:

Part 2 - Closing of Findings

Follow Up Details: (Internal Use Only)							
Corrective Action (s) submitted:	Yes		No		Root Cause:	Accept	Reject
Short Term Response:	Accept		Reject		Long Term Response:	Accept	Reject
Short Term Evidence Submitted:	Yes		No		Long Term Evidence Submitted:	Yes	No
Target Completion Date:dd mmm yyyy				Date Item Closed: dd mmm yyyy			
<hr/> Audit Manager/Inspector Signature							