

## ***SSPC - QP Programs***

### ***Corrective Action Plan (CAP) Schedule Instructions***

- Enter Contractor name and SSPC audit number.
- Enter the date the schedule was submitted to the SSPC Certification Manager and date the schedule is due.
- Circle the type(s) of audit.
- Enter the audit deficiency number from the Audit Deficiency / Corrective Action / Verification Schedule.
- Describe the deficiency as documented on the Audit Deficiency / Corrective Action / Verification Schedule.
- Describe the contractor's immediate action to fix the problem. This is the immediate action that may be done during, or directly after, the audit to address the deficiency (i.e. require employees to wear proper fall protection when working on scaffolding or provide proper documentation of material batch numbers on daily inspection forms).
- Provide a 'root cause analysis' (why did the problem happen?). This section should be used to investigate the problem and identify what activities or elements contributed to the deficiency. Examples of activities / elements contributing to deficiencies include inadequate training, lack of procedures, faulty equipment or incorrect materials used.
- Describe the corrective action to prevent recurrence of the problem. This section should describe the longer-term actions (system or procedure revisions) that may be needed to assure that this type of problem will not happen in the future (i.e. provide training to prevent specific hazardous condition, revise QC program to require periodic review of procedures to assure that quality program commitments are met. This section will be used in conjunction with the Corrective Action Plan (Page 2 of 2).
- Enter the date that the proposed corrective actions are to be completed.
- Provide signature of the contractor representative responsible for implementation of the corrective action plan.
- Print the name and title of the responsible contractor representative.

### ***Corrective Action Plan Instructions***

- Enter Audit number associated with the deficiency.
- Enter the deficiency number from the Audit Deficiency/Corrective Action/Verification Schedule
- Enter the date the Corrective Action Plan was submitted.
- Describe the corrective action for the deficiency identified. This corrective action should address what changes are required by the contractor to fix the problem and to avoid any future deficiencies.
- Use the section on Submitted CAP Activities to help identify what Contractor elements, and how these elements will be addressed, in order to resolve the quality system deficiency. Make sure you identify the dates that the Submitted CAP Activities will be implemented.
- Write 'Not Applicable' or N/A for any of the Corrective Action Items that do not apply to your corrective action plan.

***Please contact Norm Suzich if you have questions.  
412-281-2331 (telephone)  
412-281-9993 (facsimile)  
suzich@sspc.org (email)***

<b>SSPC - QP Programs</b>	
<b>Corrective Action Plan (CAP) Schedule</b>	
<b>Contractor Name:</b>	<b>SSPC Audit Number:</b>
<b>Date Schedule Submitted:</b>	<b>QP Audit:</b> (circle all that apply): QP1 QP2 QP3 QP5 QP6 QP7 QP8
<b>Date Schedule Due:</b>	
<b>*Please use a separate form for each deficiency*</b>	
<b>Audit Deficiency Number ____ Of ____ (from Audit Deficiency / Corrective Action / Verification Schedule)</b>	
<b>Description of Deficiency:</b>	
<b>Action to Fix This Specific Problem:</b>	
<b>Root Cause Analysis - Quality Procedure(s) To Be Revised:</b>	
<b>Corrective Action, based on the Root Cause Analysis Above:</b>	
<b>*Please Remember to Complete Page 2 Of 2*</b>	
<b>SSPC - CAP Submission Date:</b>	
<b>Contractor Signature:</b>	
<b>Contractor Printed Name and Title:</b>	
<b><u>REFERENCE LOCATION AND INCLUDE ALL SUPPORTING DOCUMENTS WITH THE CAP SCHEDULE</u></b>	
<b>*SSPC Use Only*</b>	
<b>CAP Accepted By</b>	
_____	
<b>Certification Manager - Signature and Date</b>	
_____	
<b>Director of Product Development - Signature and Date</b>	

<b>SSPC - QP Programs Corrective Action Plan (CAP)</b>		
<b>Audit Number:</b>	<b>Audit Deficiency Number Of</b>	<b>Date CAP Submitted:</b>
<b>Briefly describe the corrective action:</b>		
<b>Submitted CAP Activities</b>		<b>Submitted CAP Activities Due Dates:</b>
<b>Personnel required for Implementation?</b>		
<b>Training required?</b>		
<b>Equipment required?</b>		
<b>Document revision?</b>		
<b>Impact on schedule or work plan?</b>		
<b>Customer approval required?</b>		
<b>Person responsible to authorize action?</b>		