



**Agricultural Marketing Service
Federal Grain Inspection Service
Quality Assurance and Compliance Division**

Revision:
10-2023

Version Number:
1.0

Corrective Action Plan Document for a Non-Compliance

Effective Date:
Jan 1, 2024

Section 1: General Information		
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Discrepancy:		
Person(s) Responsible:		
Section 2: Root Cause		
Details:		
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Details:		
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Details:		
Verified by: (print)	Signature:	Date:

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Instructions

Section 1: General Information

- **Date Identified:** This section is intended to capture the date that the non-compliance was identified.
- **Method Identified:** This section is intended to capture how the non-compliance was identified. Non-compliances may be identified through QACD, internal audits, employee reporting, or customer feedback.
- **Discrepancy:** This section is intended to capture the details of the non-compliance. This may include the organizations findings identified, what procedures the potential change may effect, and any additional details you may choose to record.
- **Person(s) Responsible:** This section is intended to capture the person(s) that is responsible for overseeing the corrective action as well as the preventive action (when applicable) through to completion. This may be a single person or a committee/group that is responsible for the corrective action.

Section 2: Root Cause

- **Root Cause:** This section is intended to capture the root cause of the non-compliance. Root cause is defined as the fundamental reason for a non-compliance. Identifying the root cause of a non-compliance requires conducting a root cause analysis to determine the fundamental reason for the occurrence of this non-compliance. Include in this section details such as how the root cause was determined, the method used, and the actual root cause of the non-compliance. Please avoid listing symptoms of the non-compliance rather than the true root cause.

Section 3: Corrective Action

- **Details:** This section is intended to capture the corrective action that has occurred or will occur. Corrective action is defined as action taken to eliminate the cause of a detected non-compliance. Corrective action addresses a long term solution. Corrective action may take time to resolve as it focuses on the root cause of a non-compliance rather than just addressing the symptoms. Corrective action requires using the results of the root cause analysis to ensure that effective corrective action is being implemented. Corrective action must include what your organization will do to prevent reoccurrence of the non-compliance.
- **Timeframe Completion:** This section is intended to capture the timeframe that your organization anticipates completing the corrective action.
- **Date Completed:** This section is intended to capture the date that your organization actually completed the corrective action implementation. This date may be different than the timeframe completion date if your organization completed the corrective action implementation earlier or later than anticipated.

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Section 4: Preventive Action (when applicable)

- Details:** This section is intended to capture any preventive actions. Preventive action is defined as actions taken to address and eliminate the cause of a potential non-compliance. Preventive action is essentially risk mitigation. It involves taking proactive steps to ensure a potential non-compliance does not occur. Preventive actions may be reactionary to implementing a corrective action (if additional issues are identified during the process) or because of QACD audits, internal audits, employee reporting, or customer feedback. Example #1: Performing regular maintenance on equipment and machines to ensure they are working properly and to reduce the chance of breakdowns. Example #2: Establishing a written procedure outlining the proper way to handle hazardous materials and providing training to employees.
- Timeframe Completion:** This section is intended to capture the timeframe that your organization anticipates completing the corrective action.
- Date Completed:** This section is intended to capture the date that your organization completed the corrective action implementation. This date may be different than the timeframe completion date if your organization completed the corrective action implementation earlier or later than anticipated.
- NOTE:** *OSPs must respond to all non-compliances at minimum with a root cause analysis, corrective action plan to bring the area into compliance.*

Section 5: Verification and Close Out

- Details:** This section is intended to capture what you did to verify that any corrections, corrective actions, and/or preventive actions (when applicable) were implemented and effective.
- Verified by:** This section is intended to capture the printed name of the person who verified the implementation and effectiveness of the corrective actions, and preventive actions (when applicable).
- Signature:** This section is intended to capture the signature of the person who verified the implementation and effectiveness of the corrective actions, and preventive actions (when applicable).
- Date:** This section is intended to capture the date that verification of implementation and effectiveness of the corrective actions, and preventive actions (when applicable), occurred.