

SUBJECT:	Fermilab Corrective & Preventive Action Plan – Form 1 - Simple	NUMBER:	1004.1003 FORM 1
RESPONSIBILITY:	Quality Assurance Manager	REVISION:	000 C3
APPROVED BY:	Head, Office of Quality and Best Practices	EFFECTIVE:	04/3/09

CAP INITIATION

This section to be completed by the person requesting simple corrective / preventive action	
Requestor Name: Bakul Banerjee	Organization: CD-Office of Project Management
Phone: 5251	
Problem/Opportunity To Be Addressed: According to a documented and approved CD ES&H procedure, contractor/staff badges must be rejected by the computer room entry badge sensor automatically when TRAIN records indicate that the Computer Room Entry training has expired. However, this procedure is not implemented rigorously.	
Unique Tracking Number: DD-MM/DD/YYYY-x: CD-04-28-2009-4	
(DD=Div or Sec, MM/DD/YYYY= Date Opened, x=1, 2, ...n)	
Responsible Person: Gerry Bellendir	Organization: CD-CDO
Phone: 3930	
**Responsible Person Acceptance: _____	Date: _____
*Comments:	

CAP DEVELOPMENT

This section to be completed by the Responsible Person	
Describe the Actual Problem/Opportunity, and What Caused it (Simple Root Cause):	
<i>No automated means of interrogating TRAIN database to determine currency of training. This will require programming effort by database programming personnel. Manual interrogation of the TRAIN database is far too cumbersome and therefore not possible.</i>	
Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and (where applicable) Initial Lessons Learned:	
Revise the computer room entry procedure or the access control mechanism or both so that the procedure matches the entry mechanism.	
Planned start date (format MM/DD/YYYY):	
<i>Depends on when database programming personnel are made available for this project. (We had requested personnel for this effort in the past. We will ask again.) For the purpose of this document, we designate the project start time as t_0.</i>	
Key milestones and Dates:	
<i>t_0+1 month: program specifications</i>	
Estimated date for completion:	
<i>t_0+3 months</i>	
Who will complete the work,	<i>TBD</i>
Phone:	
Who will perform verification and/or validation,	<i>K. Mohr</i>
Phone:	<i>6001</i>
**Responsible Person: <u> Gerald Bellendir </u> [signature on file] _____	Date: <i>6/24/09</i>

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***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:**

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

***Comments:**

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