

<b>SUBJECT:</b>	Fermilab Corrective & Preventive Action Plan – Form 1 - Simple	<b>NUMBER:</b>	<b>1004.1001 FORM 1</b>
<b>RESPONSIBILITY:</b>	Quality Assurance Manager	<b>REVISION:</b>	000 C3
<b>APPROVED BY:</b>	Head, Office of Quality and Best Practices	<b>EFFECTIVE:</b>	<b>04/03/09</b>

### CAP INITIATION

<b>This section to be completed by the person requesting simple corrective / preventive action</b>		
<b>Requestor Name:</b> Jim Rife	<b>Organization:</b> Technical Division	<b>Phone:</b> 4398
<b>Problem/Opportunity To Be Addressed:</b> Activity 64, Step 2. Document Control. Laboratory Directors Policy #1 & #13. The CIS Disaster Plan Document does not meet Directors Policies #13 for revision control.		
<b>Unique Tracking Number:</b> TD-05-05-2009-005		
(DD=Div or Sec, MM/DD/YYYY= Date Opened, x=1, 2, ...n)		
<b>Responsible Person:</b> Bob Andree	<b>Organization:</b> Technical Division CIS	<b>Phone:</b> 3703
<b>**Responsible Person Acceptance:</b> _____ <u>Bob Andree</u> <b>Date:</b> 5/11/09		
<b>*Comments:</b>		

### CAP DEVELOPMENT

<b>This section to be completed by the Responsible Person</b>	
<b>Describe the Actual Problem/Opportunity, and What Caused it (Simple Root Cause):</b>	
<p>(Note: Specific IQA requirements as follows; Paragraph 4.3- Controls include activities such as preparation, review, approval, distribution, usage, availability, revision, and disposal of documents.</p> <p>In accordance with Fermilab Director’s Policy 13, Document Control, all policies, program documents, program implementation plans, and procedures are controlled by the issuing organization, which schedules reviews and updates for each document under its control as prescribed by that document.”)</p> <p>The CIS Disaster Plan Document does not meet Directors Policies #13 for revision control.</p>	
<b>Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and (where applicable) Initial Lessons Learned:</b>	
We need to release the document if it is applicable and or determine that the document is not needed.	

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<b>Planned start date (format MM/DD/YYYY):</b>	9/10/09
<b>Key milestones and Dates:</b>	
<b>Estimated date for completion:</b>	10/15/09
<b>Who will complete the work,</b>	John Konc <b>Phone:</b> 3376
<b>Who will perform verification and/or validation,</b>	Tom Gehrke <b>Phone:</b> 2263
<b>**Responsible Person:</b>	_Robert Andree_____ <b>Date:</b> 9/03/09
<b>*Comments:</b>	

**CAP APPROVAL, & CONCURRENCE**

<b>This section to be completed and signed by persons identified below</b>	
<b>** Approval Head D/S/C:</b>	_____ <b>Date:</b>
<b>*Comments:</b>	
<b>***OQBP Concurrence:</b>	_____ <b>Date:</b>
<b>*Comments:</b>	

**CAP CLOSURE**

<b>This section to be completed and signed by persons identified below</b>	
<b>Description of actions taken to implement:</b>	
<b>**Implemented By:</b>	_____ <b>Date:</b>
<b>**Verified By:</b>	_____ <b>Date:</b>
<b>*Comments:</b>	
<b>** Acceptance Requestor:</b>	_____ <b>Date:</b>

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<b>*Comments:</b>	
<b>**Acceptance Head D/S/C:</b> _____	<b>Date:</b>
<b>*Comments:</b>	

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