

<b>SUBJECT:</b> Fermilab Corrective & Preventive Action Plan – Form 1 - Simple	<b>NUMBER:</b> 1004.1001 FORM 1
<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> 04/03/09

<b>Who will complete the work,</b>	<b>Phone:</b>
<b>Who will perform verification and/or validation,</b> John Martzel	<b>Phone:</b> 5061
<b>**Responsible Person:</b> <u>Victoria White</u>	<b>Date:</b>
<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> <u><i>V. A. White</i></u>	<b>Date:</b> <u>2/16/10</u>
<b>*Comments:</b>	
<b>***OQBP Concurrence:</b> <u><i>J. R. Grant</i></u>	<b>Date:</b> <u>2/12/10</u>
<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> _____
<b>*Comments:</b>	
<b>**Acceptance Head D/S/C:</b> _____	<b>Date:</b> _____
<b>*Comments:</b>	