

<b>SUBJECT:</b>	Fermilab Corrective & Preventive Action Plan – Form 1	<b>NUMBER:</b>	<b>1004.1001 FORM 1</b>
<b>RESPONSIBILITY:</b>	Quality Assurance Manager	<b>REVISION:</b>	001
<b>APPROVED BY:</b>	Head, Office of Quality and Best Practices	<b>EFFECTIVE:</b>	<b>03/31/10</b>

**CAP INITIATION – CORRECTIVE ACTION REQUEST**

**This section to be completed by the person requesting corrective / preventive action**

**Requestor Name:** Kurt Mohr                      **Organization:** OQBP                      **Phone:** 6001

**Nonconformity/Opportunity To Be Addressed:** The M&TE requirements found in IQA chapter eight are not met or effectively implemented within the applicable CS organizations assessed.

IQA Section 8.5 - Control of Measuring and Test Equipment states that “The measuring and test equipment (M&TE) used for inspection and acceptance tests are identified, calibrated, maintained, and controlled commensurate with their intended use.” Instruments requiring calibration are identified only in a draft ESE Department procedure, and two of four instruments cited in this procedure were out of calibration. Records of calibration for a third could not be readily produced. Current calibration status is not indicated, as numerous instruments have out-of-date or no calibration labeling. There are no procedures in place for calibration outside of the ESE Department. There are no requirements for NIST traceability of calibration standards or traceability of instruments to those which they were used to calibrate.

**Unique Tracking Number: DS-YYYYMMDD-xx:** CD-2011-10-03-01  
(DS=Div or Sec, YYYYMMDD-xx = Date Opened, x=1, 2, ...n)

**\* Other Tracking Number:** [Redacted]  
(Ex: ESHTRAK #, DMR # etc)

**Responsible Person:** Bill Boroski                      **Organization:** CS                      **Phone:** 4344

**Validation Required for Closure:** Requestor:  Responsible Person: [Redacted] None: [Redacted]

**\*Comments:** [Redacted]

**CAP DEVELOPMENT      CAP Version (increment by 1 with each change)** [Redacted]

**This section to be completed by the Responsible Person**

**Describe the Actual Nonconformity/Opportunity, and What Caused it (Root Cause):**  
[Redacted]

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<b>Remedial/Compensatory, Corrective, and/or Preventive, actions being taken and (where applicable) Lessons Learned:</b> [REDACTED]	
<b>Planned start date (YYYYMMDD):</b> [REDACTED]	
<b>Key milestones and Dates:</b> [REDACTED]	
<b>Estimated date for completion (YYYYMMDD):</b> [REDACTED]	
<b>Who will complete the work</b> [REDACTED]	<b>Phone:</b> [REDACTED]
<b>Who will perform verification and/or validation</b> [REDACTED]	<b>Phone:</b> [REDACTED]
<b>*Comments:</b> [REDACTED]	

**CAP APPROVAL,**

<b>This section to be completed and signed by person identified below</b>	
<b>** Approval Manager:</b> _____	<b>Date:</b> _____ (YYYYMMDD)
<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 (if different than plan):</b> [REDACTED]	
<b>**Implemented By:</b> _____	<b>Date:</b> _____ (YYYYMMDD)
<b>**^Verified By:</b> _____	<b>Date:</b> _____ (YYYYMMDD)
<b>*Comments:</b> _____	
<b>** Acceptance Requestor:</b> _____	<b>Date:</b> _____ (YYYYMMDD)

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<p><b>*Comments:</b> _____</p>
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See Fermilab Corrective Action Plan Guide to Form 1 for a completed example