



Corrective Action Plan (CAP) Implementation Evaluation Checklist

Criteria for an Acceptable Implemented CAP (elements 4, 5, and 6 - Corrective Action Process Standard)				
	Y	N	NA	
1				Amendments to agreed upon CAP
				An extension was granted for the implementation of this CAP. If yes, new completion due date_____.
				Amendments were made to the agreed upon CAP. These amendments were approved by CFIA.
2				Immediate Corrective Action
				Appropriate action was taken with non compliant product (as per the CAP)
3				The “control system fix” which will address the root cause and prevent reoccurrence.
				The system changes that were outlined in the CAP have been implemented.
				The Person(s) or Position(s) responsible for these changes was documented.
				The Date(s) these changes were completed was documented.
				The Date(s) that changes were completed met deadlines specified in the CAP.
				The verification of effectiveness procedures outlined in the CAP were conducted, and the date completed and person or position responsible were documented.
				The regulated party determined that the “system changes” were/will be effective in preventing reoccurrence of the N/C.
				Are there outstanding long term corrective actions for system “fixes”? (specify in comment section).
				Details on the interim control measures and monitoring procedures to be put in place to deal with hazards introduced where system weaknesses can not be corrected immediately.
				The interim control measures that were outlined in the CAP were implemented and monitored.
				The Person(s) or Position(s) responsible was documented.
				The verification that the procedures outlined in the CAP were conducted and effective.
			The date verified and person or position responsible were documented.	
			The regulated party determined that the interim control measures were effective.	
4				The steps taken to correct <u>deficiencies</u> (objective evidence) identified.
				All deficiencies have been corrected as per the CAP plan.
				The Person(s) or Position(s) responsible for these changes was documented.
				The Date(s) these changes were completed was documented.
				The Date(s) that changes were completed met deadlines specified in the CAP.
				The correction each deficiency was verified, and the date verified and person or position responsible were documented.
				For registered processors which received a C or D assessment for Schedule I and II - have they achieved a B level as per their self assessment and attestation (see Schedule I and II Regulatory Verification Process)?
				Are there outstanding long term corrective actions for deficiencies? (specify in comment section).
				Details on the interim control measures and monitoring procedures to be put in place to deal with hazards introduced where deficiencies can not be corrected immediately.
				The interim control measures that were outlined in the CAP were implemented and monitored.
				The Person(s) or Position(s) responsible was documented.
				The verification that the procedures outlined in the CAP were conducted and effective.
			The date verified and person or position responsible were documented.	
			The regulated party determined that the interim control measures were effective	



Comments

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Evaluation Result

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	CAP has been implemented
<input type="checkbox"/>	<input type="checkbox"/>	CAP implementation is effective

Evaluator _____

Date of Evaluation _____