

## AUDIT FINDINGS AND CORRECTIVE ACTION PLAN (CAP)

**CAP for:**

**GAP III**     **GAP IV**

**Gap assessment**

**Initial certification audit**

**Periodic audit**

**Recertification audit**

**PEF Organization Information:**

**Poliovirus Essential Facility (PEF) <sup>(1)</sup>** :

**Assigned PEF Identification** :

**National Advisory for Containment (NAC)** :

**Audit start date (DD-MM-YYYY)** :

**Audit end date (DD-MM-YYYY)** :

**Non-Conformity (NC):** <sup>(2)</sup>

**Information to be reflected:**

**Finding #:**

**GAP Element #:**

**Category:**

**Minor:**

**Major:**

**Immediate Action Required:**

**Yes    No**

**Description of NC:** <sup>(3)</sup>

**Root Cause Analysis:** <sup>(4)</sup>

**Description of Actions Required by PEF to Correct NC:** <sup>(5)</sup>

**Description of PEF Plan to Correct NC:**

**Date Correction of NC to Begin:**

**Date Correction of NC is Expected to be Completed:**

**Description of NAC Plan to Monitor Correction of NC:**

**Date PEF NC Correction Verified as Resolved by NAC:** <sup>(6)</sup>

**Comments:**

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**Instructions:**

- (1) Provide name of PEF and identification number assigned at time of CP approval.
- (2) Provide a separate table for each non-conformity.
- (3) Describe the requirements in the GAP Element that are not met by the PEF. Include the areas impacted and the reasons for classifying the NC as a major or minor category NC. If immediate action is required provide a description of the risk the situation presents to the PEF and to the immediate public.
- (4) Describe the assessed causes that have led to the NC.
- (5) If this is an immediate NC presenting a severe risk to the PEF and the public also include the immediate mitigation actions that were implemented to reduce the risk.
- (6) Complete this after the NC has been resolved and resubmit the form when submitting the CC application.