

Appendix B

NUCLEAR WASTE MANAGEMENT PROCEDURE Sandia National Laboratories	<h3>Corrective Action Plan (CAP)</h3>	Form Number: NP 16-1-2 Page ___ of ___
1. CAR No: _____		
2. CAP Proposed Corrective Actions: (Include attachments as needed)		
<p>Each CAQ proposed corrective action must include the following:</p> <ul style="list-style-type: none">Name of individual responsible for the action;Estimated completion date;Remedial actions;Investigative actions (extent of deviation and impact on quality);Causal Code(s); andActions to Preclude Recurrence (optional).	<p>SCAQs require the following:</p> <ul style="list-style-type: none">Items required for CAQ;Identification of the root cause of the condition;Documentation and results of the root cause determination; andActions to Preclude Recurrence.	
3. QA Approval of Proposed Corrective Actions: _____ Print Signature Date		
4. CAP Author/SNL WIPP Manager Responsible for Corrective Actions:		
_____	_____	Date: _____
Printed Name of CAP Author	Signature	
_____	_____	Date: _____
Printed Name of Responsible Manager	Signature	
Forward Copy to Manager/Responsible Individual(s) & Send Original To QATSC		