



CORRECTIVE ACTION PLAN

Name of Organisation		Date of Audit		IMS Reference	
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NC Ref	Immediate / Remedial Corrective Action (What have you done to correct the specific problem?)	Root Cause Analysis* (What was the root cause of the problem/ how did it occur?)	Long Term Corrective Actions (What action have you taken to stop the problem re-occurring?)	Resp	Due Date

For IMS Use Only		
CAP Acceptable? Yes / No	Objective Evidence Received? Yes / No / N/A	Objective Evidence Acceptable? Yes / No
Comments / Follow Up Action Required:		
Signed: _____ Date: _____		

*Please see the IMS Website for guidance on completing this form and Root Cause Analysis. Please allow 2 weeks for certification decision to be made after satisfactory submission of this form and any required evidence.