# CALA ACCREDTITATION PROGRAM

# PT CORRECTIVE ACTION REPORT (CAR) FORM

## Study:

|  |  |  |  |
| --- | --- | --- | --- |
| MEMBERSHIP NO: |       | TEST GROUP: | C       |
| LABORATORY: |       | ANALYTE: |       |
| CONTACT: |       | APPENDIX NO: |       |
| TELEPHONE NO: |       | STATUS: |       |
| EMAIL |       |  |  |
|  |
| **A** | **DETAILS OF UNACCEPTABLE PROFICIENCY TESTING/ANALYSIS CONDITIONS:** | *(identify analyst position, instrument, analytical technique, sample preparation, media type etc.)* |
|  |       |
| Signed (lab representative) |       | Date: |       |
|  |  |  |
|  |
| **B** | **DETAILS OF INVESTIGATION:** *(**briefly identify what was examined during investigation)* |
|  |       |
| **C** | **IDENTIFICATION OF CAUSE**: (*identify the cause that, if eliminated, will prevent recurrence*) |
|  |       |
| **D** | **IDENTIFICATION OF CORRECTIVE ACTION**: (identify the corrective action that was selected) |
|  |       |
| Plan Completed By: |       | Date: |       |
|  |  |  |  |
| Signed (lab representative) |       | Date: |       |
|  |  |  |  |
| **SECTION E: FOR CALA OFFICE USE ONLY** |
| **E** | **ACCEPTANCE OF CORRECTIVE ACTION PLAN/ REQUIRED FOLLOW-UP:** |
|  | More evidence required? (Y/N) | Due Date: |       |  |
|  |  |  |  |  |
|  | Details      |
|  | Site Visit required? (Y/N) Revoke Accreditation? (Y/N) |
|  |  |  |  |
|  |  |  |  |
| Signed (CALA representative)Date:     Signed (Advisory Panel representative)Date:      |  | Date: |  |
|  |  |  |  |
|  |  |  |  |
| **Note : attach additional information/evidence as required.**  | Email to: ptstatcar@cala.ca |