# 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: | |  | | |
|  | | | | | | | |  | |  | | | | | |
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| **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 | | | | | | | | |