Appendix B

NUCLEAR WASTE MANAGEMENT PROCEDURE Sandia National Laboratories	**Corrective Action Plan (CAP)**	**Form Number: NP 16-1-2** **Page ___ of ___**

1. CAR No: _____

2. CAP Proposed Corrective Actions: (Include attachments as needed)

Each **CAQ** proposed corrective action must include the following:

- Name of individual responsible for the action;
- Estimated completion date;
- Remedial actions;
- Investigative actions (extent of deviation and impact on quality);
- Causal Code(s); and
- Actions to Preclude Recurrence (optional).

SCAQs require the following:

- **Items required for CAQ;**
- Identification of the root cause of the condition;
- Documentation and results of the root cause determination; and
- Actions 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