Quality Assurance Team (QAT)
Corrective Action Plan

Project Name	Agency		
Project Manager	**Phone**	**Email**	
Project Contact	**Title**	**Email**	**Phone**
Approver(s)	**Title**	**Email**	**Phone**

BACKGROUND:

Summary – Briefly provide any background information that may be useful in understanding how this Corrective Action Plan will be executed. For example, identify whether Corrective Action Plan(s) have been initiated for this project in the past.

Completion Date Estimate – Identify the target date for complete execution of this Corrective Action Plan.

Issues – Briefly identify each issue, including those identified by QAT, the agency, or another source.		Causes – Briefly describe the root cause of the issue.
1		
2		
3		

PLANS:

Corrective Actions - Briefly describe actions that will correct issues and verify the root causes as applicable.

Preventative Actions – Briefly describe actions that will mitigate recurrence of the issues in the future.

Methodologies – Briefly describe processes for analyzing, monitoring, managing risks, reporting, and other activities that impact execution of the corrective and preventative actions.

ADDITIONAL INFORMATION:

Addendum – Briefly list and describe any additional information that may be useful to further clarify execution of this Corrective Action Plan. Identify and attach any material that may be helpful to QAT such as a Project Recovery Plan or Enterprise Project Health Check Tools. Add rows to this section as needed.		
Attachment Name	**Attachment Purpose**	**Attachment Audience**

QAT ASSISTANCE:

Request – Briefly describe any type of assistance needed from QAT during execution of this Corrective Action Plan such as review of recent project changes.