

APPENDIX J
CORRECTIVE ACTION PLAN for
PROGRAM and INDIVIDUAL PERFORMANCE DEFICIENCIES

Program Division		State Liaison	
State Agency		State Agency Contact	
Period of Performance		Start Date:	End Date:
Type of Performance Deficiency Individual (A separate form should be completed for each person receiving an overall needs improvement or unacceptable rating) Program (If a program deficiency occurs in more than 1 program, complete separate forms for each program)			
Inspection Program Type Human Food Egg Animal Food Medical Devices			
1. Description of Deficiency (include the performance factor number from audit form)	2. Corrective Action (attach additional and supporting information as necessary)		3. Date Completed
		The information below applies only to requirements of the Paperwork Reduction Act of 1995. The burden time for this collection of information is estimated to average 36.67 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right: <i>"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."</i> Department of Health and Human Services Food and Drug Administration Office of Operations Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.	