

**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

	<p align="center"><b>The information below applies only to requirements of the Paperwork Reduction Act of 1995.</b></p> <p>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:</p> <p><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></p> <p align="right">                 Department of Health and Human Services                  Food and Drug Administration                  Office of Operations                  Paperwork Reduction Act (PRA) Staff                  PRAStaff@fda.hhs.gov   <b>DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.</b> </p>
--	---