



# Appendix G

## Corrective Action Response for Microbiological Lab Audit Findings

Lab NO:	Audit date:	Lab Contact Name:
Lab Name:		Phone Number:
Non-conformities: (IDENTIFY ERROR)		Is this a common occurrence? Y/N
Planned correction/remedial action: (How was the deficiency rectified - This is not how to prevent reoccurrence of non-conformities)		
Do the non-conformities result in a need to implement corrective action? Y/N		
Planned Corrective action: (Activity that should be implemented to stop the re-occurrence of non-conformities)		
Planned completed date:	Completed date:	Authorization Signature:
Evidence for effectiveness: (What did lab do to verify that corrective action worked? i.e., checked Drinking Water Watch to see if result uploaded properly). List activity and date performed.		
This section filled out by DWLPCM		
CAR No.:	Date Received:	