

**APPENDIX J**  
 CORRECTIVE ACTION PLAN for  
 PROGRAM and INDIVIDUAL PERFORMANCE DEFICENCIES



Program Division	State Liaison
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State Agency	State Agency Contact
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Period of Performance	Start Date:	End Date:
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Type of Performance Deficiency

Individual (A separate form should be completed for each person receiving an overall needs improvement rating)

Program (If a program deficiency occurs in both human and animal food, complete separate forms for each program)

Inspection Program Type

Human Food       Food-GMP     LACF/Acidified Food       Seafood HACCP       Juice HACCP

Animal Food       BSE       Medicated Animal Food       PC – Animal Food



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