

APPENDIX J
CORRECTIVE ACTION PLAN for
PROGRAM and INDIVIDUAL PERFORMANCE DEFICENCIES

1. Program Division/District	2. State Liaison
3. State Agency	4. State Agency Contact

1. Period of Performance Start date: End date:

2. Type of Performance Deficiency:
 Individual (A separate form should be completed for each individual receiving an overall needs improvement rating)
 Program (If a program deficiency occurs in both human and animal food, complete separate forms for each program)

3. Inspection Program Type:

Human Food	Food-GMP	LACF	Acidified Food	Seafood HACCP	Juice HACCP
Animal Food	Food-GMP	BSE	Licensed Medicated Feed	Non-licensed Medicated Feed	

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