

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

Inspectorate Division	State Liaison	
State Agency	State Agency Contact	
Period of Performance	Start Date:	End Date:
Type of Performance Deficiency <input type="checkbox"/> Individual (A separate form should be completed for each person receiving an overall needs improvement rating) <input type="checkbox"/> Program (If a program deficiency occurs in both human and animal food, complete separate forms for each program)		
Inspection Program Type Human Food <input type="checkbox"/> GMP <input type="checkbox"/> LACF/Acidified Food <input type="checkbox"/> Seafood HACCP <input type="checkbox"/> Juice HACCP Animal Food <input type="checkbox"/> BSE <input type="checkbox"/> Medicated Animal Food <input type="checkbox"/> PC – Animal Food <input type="checkbox"/> PCAF Part 507 CGMP		
<b>1. Description of Deficiency</b> (include the performance factor number from audit form)	<b>2. Corrective Action</b> (attach additional and supporting information as necessary)	<b>3. Date Completed</b>

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Additional Information:

Signature:

Date