

Corrective Action Plan



Grower #: _____

Date of Audit: _____

Instructions: Please provide a corrective action plan for the listed non-compliance issues listed below including corrective action(s), preventative measures, and modified procedures.

Section and Question Number (auto filled)	Question Text	Grower's Response (auto filled)	Correct Response (auto filled)	
		Prevention of Recurrence (e.g., training employees, implanting new hiring documentation routines)		New/Modified Procedures (e.g. describe the new policies, procedures, or processes)

Name: _____

Signature: _____

Date: _____