EICC Validated Audit Process (VAP)
VAP Operations Manual

Revision 5.1 – January 2016

Information and communication technology companies working through the Electronics Industry Citizenship Coalition (EICC) www.eiccoalition.org are working to improve sustainability and social responsibility within the global supply chain.

These companies recognize a mutual responsibility to ensure working conditions in the Information and Communication Technology (ICT) industry are safe, workers are treated with respect and dignity, and that manufacturing practices are environmentally responsible. The Validated Audit Process (VAP) is a collaborative approach to auditing to reduce the burden on supply chain companies from multiple requests for social audits. The VAP meets the need for a high quality, consistent and cost-effective standard industry assessment for labor, ethics, health, safety and environmental practices based on the EICC code of conduct, laws, and regulations.

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14. Auditee Corrective Action Plan Management

The Corrective Action Plan (CAP) management is an important step in the continual improvement cycle. The purpose of the CAP is to define corrective actions for resolving any nonconformances identified during the audit.

Correction of audit nonconformances can be addressed directly between the auditee and each customer, or by the APM in the case of the APM managed CAP.

If Priority Nonconformances were found during the audit, a CAP addressing those issues must be completed and submitted within 7 calendar days of the discovery and confirmation of the Priority Nonconformance. The auditee will be given the CAP template by the APM when the Priority finding is identified.

For other nonconformances, the auditee must prepare a "Corrective Action Plan" (CAP) to the audit Report within 14 calendar days of the auditee's receipt of the Final Validated Audit Report (VAR).

The auditee is responsible for completion of the corrective and preventive actions listed within the plan. The plan should be sent to Authorized Recipients per Attachment B of the Auditee Agreement and the APM.

The CAP should include:

- Determination of root cause(s)
- Description of the proposed corrective action to address root cause(s)
- If auditee determines that no action will be taken or is necessary in response to a nonconformance, the plan must describe the basis for this determination and why no corrective action is required.
- Application of a preventive action to prevent future recurrence of the problem or related issue
- The date the action is expected to be completed (see appropriate timelines based on significance of findings, below)
- Current status of the action items

With the Validated Audit Report (VAR), a pre-populated CAP will be issued by the APM. The auditee will receive a CAP from the APM that will contain the nonconformances identified in the Validated Audit. The auditee MUST use this template to complete their Corrective Action Plan.

14.1 CAP Management options

The CAP must be managed through one of the following processes:

14.1.1 Auditee Managed CAP

The auditee manages the CAP directly with Authorized Recipient in Attachment B of the Auditee Agreement. For each recipient, a new CAP may be needed, and each recipient may have different CAP requirements and expectations. The management of this is outside of the VAP process, and is between the auditee and CAP recipient.

If the auditee manages the CAP:

- A copy of the approved CAP must be sent to the VAP APM (NOTE: One CAP must be submitted per recipient)
- The auditee manages the CAP to meet the expectations of the recipient(s)
- The APM is not available as a resource

14.1.2 APM Managed CAP

The CAP can be managed through “APM Managed CAP" Process. This is a centrally managed process with only one EICC Validated CAP, no matter how many recipients participate in the audit. The communication on the CAP and its progress will be managed by the APM with all customers listed in the “Auditee Approved Recipient distribution list”.

An APM-managed CAP is strongly encouraged for:

- Auditees who are providing an audit to multiple customers
- Auditees that could use additional guidance on developing or managing their CAP
- Auditees that wish to have a quality review by the APM

See section 15.3 for more detail on the APM Managed CAP.

14.2 Priority Nonconformances

Upon receiving notification of any Priority Nonconformance(s) from the audit team, the auditee reviews the Nonconformance(s) and initiates containment immediately. Containment is the act, process, or means of immediately reducing a threat or lowering a risk of the situation identified in the Priority Nonconformance(s).

The following process is used to implement immediate containment:

- Auditor highlights Priority Nonconformance(s) to auditee
- Auditee investigates and defines needed containment activities
- Auditee documents activities within the EICC CAP template
- Auditee implements containment actions so that the risk of the issue is minimized
- A permanent and systemic solution is then implemented through the CAP process.

Priority nonconformances must be contained within 48 hours of discovery.

For Priority nonconformances, the immediate containment actions are mandatory and should be completed by end of audit or soon thereafter. NOTE: This timing does not apply for working hours and social insurance as no containment action can typically be taken before close of audit.

Priority nonconformances must be listed by auditor in conclusion as auditor notes.

14.3 APM Managed CAP

14.3.1 Roles and Responsibilities

14.3.1.1 Auditee

- Immediately contain Priority Nonconformances, if needed
- Create Corrective Action Plan(s) and submit to APM

- Implement corrective and preventive actions for Priority, Major and Minor Nonconformances and Risks of Nonconformance
- Provide monthly progress updates to APM
- Schedule a Validated Closure Audit (in collaboration with Authorized Recipients) within EICC time frames.
- Note: One validated closure audit is possible to capture completed corrective actions for Major, Minor and Risk of Nonconformance actions; and
- A validated closure audit for Priority Nonconformances is always scheduled separately (remote or on-site depending upon the validation required).

14.3.1.2 APM

- Communicate Priority Nonconformances to the auditee's Authorized Recipients within 48 hours of discovery (within 12 hours if it is a Priority item with imminent threat to life, limb, facility or community), if needed
- Review and provide format, completeness and Code elements gap feedback on CAP
- Define the type of validation required to close a corrective action (remote or on-site)
- Send Approved CAP to Authorized Recipients
- Validate monthly progress on CAP implementation
- Communicate CAP status monthly to Authorized Recipients
- Manage Validated Closure Audit Process

14.3.1.3 Authorized Recipient:

- Receive Approve CAP from APM
- Receive monthly CAP status reports from APM
- Follow up with auditee in case of delays of implementation
- (In collaboration with auditee) schedule a Validated Closure Audit

14.3.2 Corrective Action Plan Content

The auditee must create a formal Corrective Action Plan that describes how and when their facility will address each of the identified Nonconformances and Risks of Nonconformance.

Following containment of Priority Nonconformances, the auditee develops a CAP for each Priority, Major, Minor and Risk of Nonconformance finding using the EICC CAP template.

The CAP MUST reflect timelines described in Timelines for Completion of Corrective Actions or the auditee must provide justification when timelines cannot be met.

The CAP is documented in the CAP Worksheet, which is located in "CAP print" folder tab in the Excel audit Protocol. Additional instructions are in the "Instructions to Auditee" workbook tab. The CAP Worksheet is created in Excel 2007. For users of older versions of Excel, the Microsoft Office Compatibility Pack can be downloaded for free:
http://www.microsoft.com/downloads/details.aspx?FamilyId=941B3470-3AE9-4AEE-8F43-

C6BB74CD1466&displaylang=en. The compatibility pack will allow the user to open, edit and save documents that are in Office 2007 (or newer).

The auditee must complete the light-blue shaded areas of the CAP template. The other areas of the CAP Worksheet are automatically populated as part of the Validated Audit Report generation process.

All CAP activities and modifications are monitored, reviewed, agreed to and closed through the CAP Worksheet. The auditee develops corrective actions (CA) and records them in the CAP Worksheet. APM will review each CAP to ensure that it contains required information, correct format and that corrective actions are appropriate, clearly defined and within the timeline.

After the CAP is fully implemented, the auditee must provide a final update in the CAP template indicating the finding was addressed, the completion date, and provide appropriate supporting evidence.

The following steps are taken when creating a CAP.

14.3.2.1 Step 1 – Root Cause Analysis

The first step in the CAP process is to conduct a root cause analysis for each Nonconformance.

"Root Cause Analysis" is a method used to identify underlying cause(s) of a Nonconformance. It is used to correct or eliminate the cause, and prevent the problem from recurring. If a root cause analysis is not conducted, or conducted poorly, there is a risk that time and resources will be wasted addressing the symptoms of a problem, rather than addressing the real issue.

The most common element of a root cause analysis includes asking "Why a particular Nonconformance occurred?" and documenting the answer..

When considering "Why" a particular problem occurred, it might be useful to consider the following potential elements to ensure comprehensive analysis:

- Knowledge – Did the problem occur due to lack of awareness or knowledge?
- Assignment – Did the problem occur because responsibility was not clearly assigned?
- Tools – Did the problem occur because appropriate tools are not available?
- Training – Did the problem occur due to lack of proper training?
- Accountability – Did the problem occur because little/no accountability, e.g. in typical situation nothing happens when the task is not done?
- Resources – Did the problem occur due to insufficient resources

The CAP Worksheet provides space for three root causes per Nonconformance. Auditee may add or remove root cause entries as appropriate to their needs. However, at least 1 root cause is required. No more than 5 root causes are allowed.

For each root cause, a corresponding containment and corrective action is required. Example: if a finding has 3 identified root causes then 3 containment actions and 3 corrective actions are needed in the CAP for the finding, each with timeline.

It is possible that several findings have the same root cause(s). In this case, the finding with same root cause can refer to the "other" finding where the corrective and containment actions have been defined.

The corrective action to a root cause is most likely a management systems (procedural change).

Example: Consider the case of a worker observed not wearing hearing protection in a high noise area. It may be easy to conclude that the reason was that hearing protection was not provided. However, upon a more thorough evaluation of the evidence, the auditor may find that the auditee was unfamiliar with the regulation requiring the use of hearing protection, or that the worker was not trained on the need to wear hearing protection, or the auditee lacked an enforcement/ reinforcement process. These are more fundamental or root causes of the observed deficiency.

14.3.2.2 Step 2 – Immediate Containment Action

The items below need to be submitted for each root cause identified per finding.

- "Describe action to be taken to immediately reduce threat/lower risk": This section requires Auditees to describe the temporary actions taken to minimize the risk of the nonconformance. The description needs to include at least the following components:
    - Actions taken;
    - Communication to management, supervisors and workers on these actions; and
    - Inspection program of the actions to ensure they remain in place and are effective until a permanent systems correction is implemented.
- Accountable Owner: person(s) responsible at the Auditee site to ensure overall effective implementation of the Immediate Containment Actions.
- Target Completion Date: Completion date of the initial implementation of all items listed under "Describe action to be taken to immediately reduce threat/lower risk". This can be no longer than 3 weeks from receipt of final VAR.
- Progress (on or off track): listed as
    - "on" if on time or fully implemented, or
    - "off" when implementation is running late. If "off", then additional actions need to be listed in remarks how implementation will be corrected within the timeline "Target Completion Date".
- Actual close date: Actual date when all items listed under "Describe action to be taken to immediately reduce threat/lower risk" is successfully implemented. Proof in PDF or JPEG format needs to be provided for APM decision.

14.3.2.3 Step 3 – Corrective Action

The items below need to be submitted for each root cause identified per finding.

- "Describe action plan:" This section requires information on:
    - Policy/procedure changes: Describe the details of the changes, which will be made to company policy/procedures. Include a reference to the current document number and issue date). The updated policy should contain at least:
        - All items as listed under "minimum requirements – document review" (see section 12 for the relevant Conformance Statement); or
        - Refer to the internal inspection/verification methods that will be used post implementation of the updated policy.

- Communications/training: Describe the details of the communications and training program to ensure that all people active within the facility are updated and understand the updated policy and procedures. These actions need to ensure all Auditee staff can effectively implement and adhere to the updated policy/procedure and include at least:
    - Communication detail and medium (meeting, bulletin board, mail, blog) to:
        - Management
        - Staff
        - Direct and indirect workers
        - Onsite contractors/suppliers
        - Other affected or impacted groups
    - Training to:
        1. Management
        2. Supervisors
        3. Workers
        4. Other affected or impacted groups
        5. Induction or new employee training

- Activity and impact measurements: Describe the indicators/measurements that will be used to monitor and ensure that the implementation of the updated policy/procedure and its communications and training are effective. Measurement should be impact and activity based (e.g. number of trainings = activity, awareness or reduction in occurrence = impact).
- At least 3 activity indicators and 3 impact indicators are required for each nonconformance finding.

- "Accountable Owner:" Person(s) responsible at the Auditee site to ensure overall effective implementation of the Corrective Actions
- "Target Completion Date:" Completion date of the implementation of each items listed under "Describe action plan - it should contain details on". This date can exceed the timing as indicated in Timelines for Completion of Corrective Actions section 10.4. If a justification is submitted to the APM for approval.
- "Remote?" Remote means remote verification. "Yes" means closure can happen by submitting documents for closure review. "No" means the EICC Auditors have to return to the Auditee to verify closure. This will be determined by the APM. See definitions for remote and on site Validated Closure Audit.
- "Progress (on or off track):" listed as
    - "On" if on time or fully implemented
    - "Off" when implementation is running late. If "Off", then additional actions need to be listed in remarks as to how implementation will be corrected within the timeline "Target Completion Date"

- "Action Start Date:" Proposed start date for each item listed under "Describe action plan - it should contain details on"
- "Actual Close Date:" Actual dates for each item listed under "Describe action plan - it should contain details on" that are successfully implemented. Proof in PDF or JPEG format needs to be provided for APM decision.

14.4 Timelines for Completion of Corrective Actions

14.4.1 Priority Nonconformance Timeline

All Corrective Actions must be completed within the timeframes provided below. Any deviations from the prescribed timelines must be approved by the APM.

Priority Nonconformances, must be immediately contained (NOTE: other than exceptions listed in the Priority Nonconformance section).

Corrective and preventive actions (to fully correct the issue and prevent a recurrence of a similar issue) for health & safety and environmental findings must be implemented within 30 days.

- If a priority nonconformance is observed, the following process should be followed:
- Remove Threat (auditee)
    - Ensure that the threat is immediately eliminated
    - Stop other audit work to ensure the threat is gone
    - Document what was observed and done
    - As with any finding, note in the Audit Report what immediate action(s) occurred during the audit (example: exit doors were unlocked).
- Communicate issue with APM (lead auditor)
- Reduce or eliminate the risk through temporary measures (auditee)
- Create and implement systemic changes ensuring long term and facility wide conformance

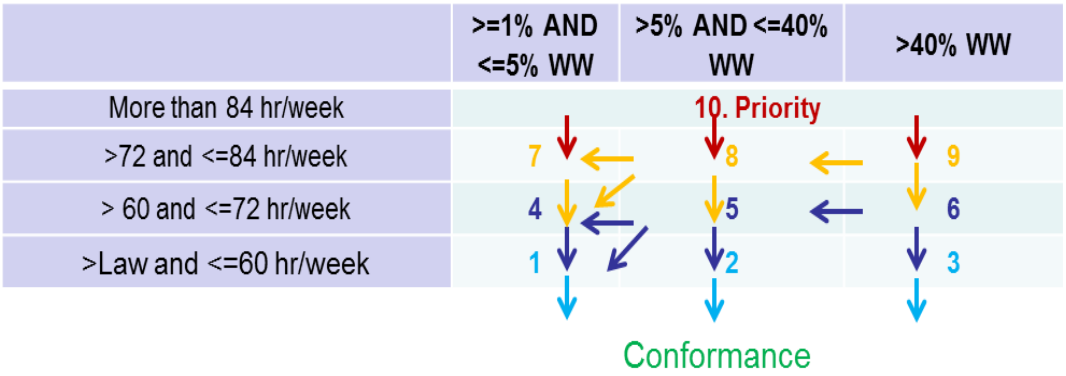
14.4.2 Overall CAP Timeline

The following table shows the issues and associated timelines.

Rating	Finding	Submit CAP	Approved CAP	Progress / Complete CAP
Priority	Health & Safety, Environmental	1 week from discovery	10 calendar days from discovery	30 days from discovery
Priority	Working Hour <84 hr/wk and Social Insurance	2 weeks from receipt of final report	6 weeks from receipt of final report	180 days from receipt of final report
Priority	All others	1 week from discovery	10 calendar days from discovery	90 days from discovery
Major	All	2 weeks from receipt of final report	6 weeks from receipt of final report	180 days from receipt of final report (guidance only)
Minor	All	2 weeks from receipt of final report	6 weeks from receipt of final report	In conformance within 270 days from receipt of final report (guidance only)
Risk of Nonconformance	All	2 weeks from receipt of final report	6 weeks from receipt of final VAR	270 days from receipt of final VAR (guidance only)

There is a maximum limit of 18 months from the close meeting of the initial audit to be in conformance.

14.4.2.1 Working hours



- If the audit reported:
  - Work hours > 84 hours, a Priority Nonconformance (the top box of the rating table), an Auditee has up to 1 week from discovery to submit a CAP and 90 days from the date of the finding to move all workers below 84hrs per week.
  - Work hours < 84 hours, an Auditee has up to 2 weeks from receipt of final VAR to submit a CAP in the form of a Comprehensive Plan.
  - Due to the challenges and complexity of a working hours non-conformance, a detailed plan is expected to contain milestones or check points every 90 days.
- An Auditee may have up to 90 days to improve from one non-conformance level to another. A conformance level is either a ROW or a COLUMN in matrix below:
  - Move down a row in the table, lowering the working hours of ALL workers;
  - Moving left across the table, lowering the percent of workers impacted; or
  - Moving down and left across the table to lower the working hours of all workers and the portion of workers impacted.

- Status must be given to the APM/Company APM who is managing the CAP at least every 90 days and show the improvement noted above or is ready to discuss the roadblocks or challenges.
- For a 90 day Priority audit, the trend since the last audit must be reviewed and the one month immediately preceding the priority audit is sampled at 3 times the normal sample rate. For a 180 day priority audit, the trend since the last audit must be reviewed and the 3 months immediately preceding the priority audit are checked with the normal sample rate.

14.4.1 Process Steps and Timing of APM Managed CAP process

The following steps, timelines and process applies to the APM managed CAP process or in the case of a Priority finding, regardless of whether the APM is managing the CAP process.

14.4.1.1 Priority Nonconformance

The following timeline should be followed for Priority Nonconformances.

If a finding is deemed to be a Priority during QA, the APM then assumes the role of the audit team and contacts the Auditee to have them immediately remove the threat, and continue with the timeline.

Time	Action	Responsible
0 Hours	• Nonconformance identified and communicated to Auditee management during onsite VA • Auditee immediately removes the threat (issue which has caused the Priority issue – e.g. remove the child of the work floor in case of child labor)	Audit team Auditee
≤1 Hour	• Lead Auditor to Alert APM with conclusion and data points in hand	Lead Auditor
<12 Hours	• APM reports issue to Authorized Recipient Management	APM
≤24 Hours	• Authorized Recipient(s) contact(s) Auditee to discuss situation and status	Authorized Recipient
≤48 Hours	• Priority Nonconformance action in place (Containment in place, Auditee puts in place temporary measures to ensure Priority Nonconformance does not re-occur) • Communicate containment action and proof of implementation to Authorized Recipients/APM	Auditee Auditee
7 days*	• Full CAP on Priority Nonconformance(s) is submitted for review to APM • Feedback on Priority Nonconformance CAP • Adjust Priority Nonconformance CAP if needed	Auditee APM Auditee
10 days*	• Approved Priority Nonconformance CAP implementation • Communicate Priority Nonconformance CAP to Authorized Recipients	Auditee Auditee/APM
17 days**	• Submit proof of Priority Nonconformance CAP implementation progress to APM	Auditee

	• Review of Priority Nonconformance CAP implementation progress • Communicate Priority Nonconformance CAP implementation Status to Authorized Recipients	APM Auditee/APM
24 days***	• Submit proof of Priority Nonconformance CAP implementation progress to APM • Review of Priority Nonconformance CAP implementation progress • Communicate Priority Nonconformance CAP implementation Status to Authorized Recipients	Auditee APM Auditee/APM
30 days***	• APM schedules Priority closure audit • Validated Closure Audit of Priority Nonconformance(s) • Note: If there is sufficient / legitimate evidence that more time is required, Auditee must respond to the APM with the details for the APM to consider	APM Audit team 30 Auditee

*except Priority Nonconformance for working hours where Working Hours is under 84hr/week and/or social security (timeline = timeline above plus 1 week)

**except:

- Priority Nonconformance for Working hours where Working Hours is > 84hr/week =10 weeks
- Priority Nonconformance for Working hours where Working Hours is under 84hr/week and/or social security = 90 days

*** except:

- Priority Nonconformance for Working hours where Working Hours is > 84hr/week = 90 days
- Priority Nonconformance for Working hours where Working Hours is under 84hr/week
- Priority Nonconformance for social security = 180 days
- Priority Nonconformance on fees (code provision A1) = 180 days

14.4.1.2 Major, Minor and Risk of Nonconformance

Time	Action	Responsible
0 weeks	• Receipt of final VAR and CAP template pre-populated	• APM
2 weeks	• Submit completed CAP version 1 • Review and provide feedback on CAP version 1 within 48h or approve CAP • Communicate CAP status and Approved CAP (if applicable) to Authorized Recipients	• Auditee • APM • APM
4 weeks	• Submit completed CAP version 2 • Review and provide feedback on CAP version 2 within 48h or approve CAP • Communicate CAP status and Approved	• Auditee • APM

	CAP (if applicable) to Authorized Recipients	• APM
6 weeks	• Submit completed CAP version 3 • Review and provide feedback on CAP version 3 within 48h or approve CAP version 3 • Communicate CAP status and Approved CAP (if applicable) to Authorized Recipients **Note: If version 3 is not approved then process ends**	• Auditee • APM • APM
1 month from CAP approval and every following month until CAP completed or month 17	• Provide monthly update of Nonconformance CAP implementation progress to APM • Submit proof for each Nonconformance CAP implementation which has been completed • Review of Nonconformance CAP implementation progress • Communicate Nonconformance CAP implementation Status to Authorized Recipients	• Auditee • Auditee • APM • APM
CAP implementation completed or 18 months after close meeting	• Validated Closure Audit process management	• APM

14.4.1.3 Escalation to Authorized Recipient

The Authorized Recipient will be informed by the APM as soon as there is a delay in submission of a CAP of one week. The Authorized Recipient can follow up with Auditee and facilitate (if needed) timely submission of CAP or implementation updates. The "late" notification will be repeated to the Authorized Recipient until receipt of CAP or implementation update is received on a weekly basis.

The Authorized Recipient will be informed by the APM if the CAP implementation status varies by more than 20 percent versus agreed CAP implementation due date or EICC CAP timeline.

14.5 Approval of Corrective Actions

- The Corrective Action Plan should be approved by the APM before any corrective actions are implemented.
- APM should review and approve the CAP for all nonconformances within 2 days of submission.
- All corrective actions must be reviewed and approved by the APM before they can be closed. The objective of obtaining APM approval is to ensure completeness of CAP, completeness of implementation, use of correct EICC format. It is not an approval or statement of conformance. Conformance can only be determined by the qualified third party Audit firm upon detailed review (remote or off site).

- Corrective actions cannot be approved until the Auditee provides a completed CAP and proof of implementation.

14.6 Monitoring Progress

- For CAPs with implementation periods greater than 30 days, Auditees must provide VAP APM with status updates at monthly intervals. It is the responsibility of the Auditee to submit this to the APM.
- Once the Auditee believes the CAP has been fully implemented, the Auditee must provide a final status update indicating the Nonconformance has been addressed and provide the appropriate evidence supporting this position.
    - The evidence must be provided in commonly accepted formats (JPEG, PDF, Word.doc, excel, etc.). It is the responsibility of the auditee to provide evidence in a format that can be accessed by the APM.
    - Evidence must have the correct references in and to the CAP template to allow easy navigation between CAP template and proof of implementation.
- If the Corrective Action has not been closed in the time specified in the CAP or if the Corrective Action is inappropriate, the Auditee has to provide a proposal to address the issue in the CAP Worksheet status
- Any changes to an approved CAP will have to be reviewed and authorized by the VAP APM.

14.7 Closure Audits

14.7.1 Closure Audit Focus

The focus of any closure audit are the issues identified in the previous audit. However, if an auditor identifies any other finding during the audit, this is to be included as a new issue, following the same process and rules as the initial audit.

14.7.2 Priority and Major Nonconformances

All priority and major nonconformances must be closed through a closure audit. Completing CAP items, either through the APM Managed Cap or through the Auditee Managed CAP process, is not considered closed – closure only occurs through a Closure Audit.

Minor and Risk-of-Nonconformance findings may also be closed through a Closure Audit.

The timing of the Closure Audit should be based upon the type of findings in the initial audit (Priority, Major, Minor, Risk-of-Nonconformance and whether Working Hours and/or Social Insurance related). For example, if there were several Major and Minor findings but no working hours findings, the closure audit should occur within a 12 months (270 days to close Minor finding plus allowance for 3 months of data).

The closure audit should not occur later than 6 months before expiry of validity of the VAP cycle (2 years from the close meeting of the initial EICC audit).

14.7.3 Priority Closure Audit:

Closure Audits for priority findings (Priority Audits) are triggered by the APM. The clock starts when the priority finding is confirmed, which may be:

- During the audit
- During the draft report stage (when more data is analyzed or during the APM QA of the draft report)
- When the rating is changed as per the rating guidance (to correct a mis-rating in draft audit report)

Priority Audits take place within 30 days from discovery with exception of recruitment fees, working hours and social security, which take place at 180 days from discovery.

Other findings may be closed during the Priority Closure Audit. However, these do need to be agreed upon upfront when the APM is scheduling the audit to ensure the closing Audit is properly scoped.

14.7.4 Major/Minor/Risk-of-Nonconformance Closure Audit

Closure audits for non-priority findings are not scheduled on a set timeline, rather, these are triggered by the customer or auditee.

Major issues are required to have a closure audit.

Typically, all findings are included during a single closure audit. The audit can be remote or onsite, depending upon the permission level for remote audits (per each sub-provision of the Code).

A remote verification assessment conducted by the audit firm may be requested prior to an on-site audit, making the on-site audit more efficient and reducing the possibility of having issues stay open after the closure audit, which, in the case of major issues, would require another on-site closure audit.

14.7.5 Closing an APM managed CAP

The process for closing an APM Managed CAP is:

- The VAP APM will review the information provided by the Auditee in support of the CAP implementation to verify closure of each Corrective Action.
- If the VAP APM requires additional information, the Auditee makes it available.
- The supporting evidence must provide relevant information as evidence of the actions listed in the CAP. The evidence must be provided in commonly accepted formats (JPEG, PDF, Word.doc, excel, etc.).
- The APM determines the type of evidence required for closure of a CAP action item.
- Upon reviewing the information provided by the Auditee, the VAP APM will communicate with the auditee with guidance as to appropriate conformance. NOTE: It is not an approval or statement of conformance. Conformance can only be determined by the qualified third party Audit firm upon detailed review (remote or off site).
- The VAP APM will schedule a Validated Closure Audit for all Corrective Actions.
- If there is sufficient/legitimate evidence that more time is required, the Auditee must submit details outlining the rationale to the APM. The APM will consider if adjustment to the timeline is appropriate.
- The CAP is deemed closed upon verification by Validated Closure Audit of all individual Corrective Action(s) as listed in the CAP.