

Corrective Action Plan (CAP) for Compounding Personnel

Employee Name:
Position/Role:
Assessor Name:
Date of Assessment:
Date of CAP Initiation:

Identified Deficiencies:

(List each skill or knowledge area where the employee did not meet standards)

Skill/Procedure	Issue Identified	Impact (e.g., Quality, Safety, Compliance)

Corrective Actions Required:

(Outline the specific actions needed to correct each issue.)

Corrective Action	Assigned Training or Support	Deadline for Completion

Reassessment Plan:

- Date for follow-up skills assessment: _____
- Responsible assessor: _____

Method of reassessment (e.g., direct observation, written test, practical demonstration):

Monitoring and Documentation: *(How compliance will be monitored and documented after reassessment.)***Employee Acknowledgement:**

I acknowledge that this Corrective Action Plan has been explained to me and that I am responsible for completing the required actions within the agreed timelines.

Employee Signature:	Date:
Supervisor/Assessor Signature:	Date: