Text

Description automatically generated

**SAIR Corrective Action Plan (CAP) Attachment B**

|  |  |
| --- | --- |
| **Incident #:** | **Date prepared:** |

*For each recommendation, put details in the “Action to take” box. Then ensure that staff are designated (actual staff names, not departments); deadlines indicated are (realistic but aggressive, particularly if it’s a safety issue); resources needed (such as help from maintenance dept., requests for staff positions); obstacles noted (such as budgetary realities); and notes kept to track completion. Ensure that this form is fully completed and all documentation filed and kept for review by the PCM and audit during a PREA audit.*

| **SAIR Corrective Action Plan** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Action to take** | | **Person/Dept.**  **assigned** | **Deadline** | **Resources**  **needed** | **Known**  **obstacles** | **Notes** | **Follow-up**  **date** | **Date**  **completed** |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |
| **7.** |  |  |  |  |  |  |  |  |
| **8.** |  |  |  |  |  |  |  |  |
| **9.** |  |  |  |  |  |  |  |  |
| **10.** |  |  |  |  |  |  |  |  |
| **11.** |  |  |  |  |  |  |  |  |
| **12.** |  |  |  |  |  |  |  |  |
| **13.** |  |  |  |  |  |  |  |  |