

# RECORD OF CORRECTIVE ACTION

## INSTRUCTIONS:

The Record of Corrective Action is used to document all corrective actions taken to manage or resolve a situation involving the accidental release of regulated plant material during transport and/or storage or any breach of reproductive isolation during the confined field trial or during the post-harvest monitoring period.

A copy of this record of Corrective Action, together with any other relevant records (e.g., Record of Transport, Record of Storage Inspection, Record of Spatial Isolation, Record of Harvest, etc), should be forwarded to the Permitted Party and RCGM.

### PERMITTED PARTY

Name	:	_____
Organization	:	_____
Address	:	_____
		_____
Telephone	:	_____
Fax	:	_____
E-mail	:	_____

### RECORD INITIATED BY

Name	:	_____
Position	:	_____
Organization	:	_____
Address	:	_____
		_____
Telephone	:	_____
Fax	:	_____
E-mail:	:	_____

## ACTIVITY REQUIRING CORRECTIVE ACTION:

Indicate the category of activity requiring corrective action and then complete the relevant information requirements under transportation and storage, or trial site.

€TRANSPORT      €STORAGE      €PLANTING  
€MONITORING      €HARVESTING      €OTHER

If Other, describe below:

## IDENTIFICATION OF AFFECTED REGULATED PLANT:

Permit number \_\_\_\_\_  
Plant species \_\_\_\_\_  
Approximate amount of affected material \_\_\_\_\_  
Form of Material:  
€Seeds      €Tubers      €Transplants  
Other (describe below):  
\_\_\_\_\_

**TRANSPORT AND STORAGE**

**TRIAL SITE**

Consignment: \_\_\_\_\_  
Item number: \_\_\_\_\_  
Facility name: \_\_\_\_\_  
Storage location identifier:  
\_\_\_\_\_  
\_\_\_\_\_  
Building name: \_\_\_\_\_  
Room number or description:  
\_\_\_\_\_  
\_\_\_\_\_  
Address of facility:  
\_\_\_\_\_  
\_\_\_\_\_

Site location: \_\_\_\_\_  
Trial site size (ha or m<sup>2</sup>): \_\_\_\_\_  
No. of trials at this site: \_\_\_\_\_  
Legal or descriptive land location: \_\_\_\_\_  
Distance to nearest cultivated cotton field (m):  
\_\_\_\_\_  
Distance to nearest commercial crop of any kind (m):  
\_\_\_\_\_  
Is the isolation distance under the Trial In-charge's control:  
 Yes  No  
Method of reproductive isolation:  
 Spatial isolation  Crop termination  
 Other  
If, Other describe below:  
\_\_\_\_\_

**IDENTIFICATION OF COMPLIANCE  
ISSUE:**

**DESCRIPTION OF CORRECTIVE ACTION  
TAKEN:**

Check all that applies

- Unauthorized shipment
- Primary shipping container breached
- Accidental release during transport
- Accidental release during storage
- Breach of spatial isolation
- Article lost during shipment
- Record of transport missing
- Received at wrong destination
- Breach of guard row isolation
- Other, below

\_\_\_\_\_  
\_\_\_\_\_

Check all that apply

- Destruction of regulated material
- Removal of prohibited plants
- Destruction of Neighbouring crop
- Recovery of spilled material
- Destruction of trial
- Impose of post harvest restrictions
- Imposition of spatial isolation zone
- Other, below

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL COMMENTS AND OBSERVATIONS:**

**VERIFICATION**

This activity has been carried out to meet performance standards and/or specific authorization permit conditions for conduct of confined field trials of regulated plant material.

Signature of Trial In-charge

By my signature, above, I attest that the information contained herein is accurate and complete to the best of my knowledge and belief.

Date signed

**THIS SECTION TO BE COMPLETED BY THE AUTHORIZED PARTY ONLY  
COMMUNICATION WITH REGULATORY OFFICIALS:**

Name of official first contacted : \_\_\_\_\_

Department or Office : \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail : \_\_\_\_\_

Summarize communication outcomes, including agreed options for risk management.  
Itemize all communications, recording date and individuals involved. Attach any written  
Correspondence or transcripts of oral communications.

