



**STATE OF FLORIDA DEPARTMENT OF HEALTH  
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING**

LABORATORY:	LAB I.D. NO.:	DATE SURVEY COMPLETED:	SURVEYOR:
PARAMETERS SURVEYED:			

(1) I.D. PREFIX TAG	(2) SUMMARY STATEMENT OF DEFICIENCIES	(3) LABORATORY'S PLAN OF CORRECTION <small>(Each corrective action should be cross-referenced to the appropriate deficiency)</small>	(4) COMPLETION DATE

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 Responsible Official  
 (Technical Director, QA Officer, or Manager)

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PLEASE FOLLOW THESE INSTRUCTIONS:

In completing the laboratory's section of this form, you should closely observe the following:

1. Review the instructions.
2. Complete the form legibly.
3. Each deficiency is consecutively numbered with an I.D. Prefix Tag. Your plan of correction should repeat these numbers for identification of each deficiency in the I.D. Prefix Tag Column.
4. Reply to each deficiency cited by reporting the specific action you have taken to effect compliance and enter the corrective action below the deficiency. Use attachments if necessary. Enter the date it was accomplished in the Completion Date Column (4).
5. For any item which has not yet been corrected, report the specific action you intend to take to correct the deficiency. Enter the anticipated date of completion in the Completion Date Column (4).
6. You must present a realistic plan with reasonable time frames based upon the extent and nature of the deficiencies cited.
7. There should be no statements which can be construed as defaming some other party, such as another institution, employees of the institution, etc.
8. You should frame your plan of correction in language that can be readily understood by the lay person.
9. If you do not concur with any of the deficiencies stated, your rationale to support this position must be indicated on the form.
10. The form must be completed, signed and dated by a responsible official.
11. The original must be returned within thirty (30) calendar days. Retain copy for your files.
12. Failure to submit a timely reply will leave the Bureau of Public Health Laboratories no alternative except to submit a finding of non-compliance and deny or revoke certification.