Pharmacy Quality Assurance Commission
P.O. Box 47852
Olympia, WA 98504-7852
PHONE: (360) 236-4948
EMAIL: WSPQAC@doh.wa.gov

Office Use Only

Date POC Received:

_____

PLAN OF CORRECTION

Facility Name: _____ Inspection Number: _____

Facility License No.: _____ Investigator(s): _____

Address: _____

Responsible Manager: _____ Email: _____

RPM License No.: _____ Phone: _____

Deficiency Number	Deficiency Correction Plan	Who is Responsible for Correcting the Deficiency	Correction Date	On-Going Compliance Plan

Responsible Manager Signature _____ **Date:** _____