



# IMPROVEMENT ACTION PLAN (IAP) CLOSE-OUT

PTN-136-A

IAP Close-out:

<b>AGENCY:</b>	<b>IAP NUMBER:</b>
	<b>PTN FORM NO.:</b>

<b>IMPROVEMENT PLAN RESOLUTION</b> (Document corrective Action)	<b>(a) +</b>
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**Resolution:**

**Original target date for completion:**  
Date should match original target date on IAP.

**Date Corrective Action Complete:**

**Completed within target date?**    Yes            No

**Refund Required?**                    Yes            NA

**Document the amount(s) received:**

**Document the date(s) received:**

**Additional Comments:**

**PTC Name:**

**Date sent to Compliance:**