**TITLE:** Technology Control Plan Corrective Action Procedure

**PURPOSE:** Outlining the resolution process when findings of noncompliance or export control violations occur and are discovered as a result of an on-site assessment of a Technology Control Plan (TCP). The goal is to ensure future TCP conformity and protection of controlled technology/information.

**RESPONSIBILITY:** The ORI QA/QI Office Staff will be responsible for the execution of the SOP.

**APPROVAL:** The Associate Vice Chancellor of Research Integrity & Compliance (Joe Rosse) approved this SOP as of 1/14/2019.

**Types of Findings that require corrective action:**

1. Disclosure of export controlled technology or technical data to a foreign national in violation of US Export Control regulations.
   1. Generally will require a Voluntary Self Disclosure.
2. Failure to implement parts of a TCP
   1. Requires prompt correction, but depending on the circumstances, may not warrant a voluntary self-disclosure.
      1. Example: A device with ITAR restricted software installed on its hard drive was not clearly marked as ‘Export Controlled’, ‘ITAR Controlled’, or a similar statement, as required by the project’s TCP.
3. Risks not identified in TCP
   1. Lab practices that present risk of foreign national exposure to export controlled technology that were not addressed in the TCP. Requires amendment to TCP in collaboration with OEC and the PI. Depending on the circumstances, generally does not warrant a Voluntary Self-Disclosure.

**PROCEDURES:**

1. In the discovery of a possible Export Control Violation:
   1. The Office of Export Controls will be notified immediately and the University of Colorado Boulder’s Reporting Violations Policy will be executed (See CU’s Export Control Program Manual for this procedure).
2. In the discovery of a failure to implement parts of a TCP AND/OR risks not identified in the TCP:
   1. Findings will not be immediately discussed with the PI or lab. Findings will be brought to the OEC for discussion in a timely manner, in the form of a preliminary report rough draft. Any action to be taken based on observational findings from the assessment will be decided by the OEC staff.
      1. Finalize the preliminary report based on feedback given from the OEC and prepare it for delivery to the assessed PI and laboratory.
   2. The findings will be presented to the PI in the form of a preliminary report, along with suggested action to correct the findings and a deadline for when the action(s) needs to occur by.
      1. The deadline for corrective action will vary based on the nature of the finding.
   3. The PI will be responsible for correcting the findings and notifying the QA/QI Program of when he/she has done so by filling out the “Corrective Actions Taken” box on the preliminary report and emailing it to the QA/QI Program staff.
   4. The QA/QI Program will review the corrective action taken to resolve findings and decide if it is sufficient.
      1. If corrective action for all findings on the preliminary report is found to be sufficient, the PI will be notified that the assessment is “Closed-Out” in the form of a final report, delivered via email.
         1. Once “Closed-Out”, no further action is needed for the assessment process.
      2. If corrective action is found to be insufficient, the preliminary report and accompanying “Corrective Actions Taken” box will be sent back to the PI for additional corrective action.
         1. The assessment will not be considered ‘Closed-Out’ until all corrective action has been satisfactorily accomplished.