DILG REGIONAL OFFICE 02

SYSTEM PROCEDURE

Document Code
SP-R02-10

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PROCEDURE TITLE	**NON-CONFORMITY AND CORRECTIVE ACTION**
SCOPE	This procedure starts from the identification of nonconformity up to the closeout after verification of corrective action effectiveness.
PURPOSE	To define the process that ensure that nonconformities are properly and effectively addressed with appropriate corrective action to prevent the occurrence or recurrence of the NC and their root causes.

PROCESS DECSRIPTION:

INPUT	PROCESS	OUTPUT
Internal Quality Audit QMS Secretariat Corrective Action Report (CAR) – Audit Related Corrective Action Report (CAR) – Non-Audit Related	**NON-CONFORMITY AND CORRECTIVE ACTION**	Non Recurrence or Occurrence of detected Nonconformity Affected QMS Process All Operating Units

DESCRIPTIVE STATEMENT:

The process is triggered by the identified non-conformity by the Internal Quality Auditors as a result of their audit or by the QMS Secretariat when there is a reported unmet target, feedback from clients, output from Management Review, and other lapses of deviation identified. Process Owners plan and implement corrections by identifying the root cause of the non-conformity, establish corrective action plan and implement the corrective action plan. Internal Quality Auditors and QMS Secretariat will verify the effectiveness of the corrective actions. Results of the action taken may result to updating of the risk register when there are changes, together with other affected process documented information.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	**Internal Quality Auditor/QMS Secretariat**	Identify nonconformity	• Identify nonconformity using CAR Form. Possible sources of nonconformities may be: <u>QMS Secretariat:</u> a. Unmet objectives and targets b. Client Feedback c. Management Review Output d. Other lapses or deviations identified <u>Internal Quality Auditor:</u> e. Internal audit findings f. External audit findings • Issue Corrective Action Report (CAR) to concerned Process Owners duly signed by the IQA Head/Deputy QMR.	• CAR

3	**Process Owner**	Plan and implement corrections	• Plan and implement corrections/immediate actions to stop the nonconforming situation from continuing duly confirmed by the Head of Office for non-audit related CAR. Include actions to deal with the consequences of the NC. Note: For audit-related CAR, confirmation by the IQ Auditor shall be made during the verification of corrective action.	• CAR
4	**Process Owner**	Identify the root cause of the nonconformity	• Identify the root cause/s of the nonconformity; may use the "5-WHY" or fish bone analysis technique. • Record in the CAR.	• CAR
5	**Process Owner**	Establish Corrective Action Plan (CAP)	• Formulate Corrective Action Plan (CAP) duly noted by the Division Chief/Head of Office approved by the QMR with identified person responsible and specified timelines. • Determine existing NC or potential occurrence elsewhere in the QMS and consider in the corrective action. • Submit accomplished CAR to QMS Secretariat/Internal Quality Auditor within 10 working days upon receipt.	• CAR
6	**QMS Secretariat/ IQ Auditor**	Review and accept the corrective action plan (CAP)	• Review the proposed CAP. • If found in order and adequate to address the root cause identified, secure approval of the Deputy QMR/IQA Head; else, return to concerned Process Owner for appropriate action.	

7	**Process Owner**	Implement the CA plan	• As specified, implement the corrective actions at indicated timelines. • Monitor progress against corrective action plans. • If any proposed corrective action cannot be/ is not implemented, discuss with the head of office for possible additional intervention.	• CAR
8	**IQA/QMS Secretariat**	Verify effectiveness of CA	• After at least 2 months of corrective action implementation, verify and confirm the effectiveness of corrective action taken. Verification can be in the form of process verification or internal quality audit. Verification can happen more than once, if the initial (first) verification does not provide evidence of recurrence of root cause identified. • If non-recurrence of the root cause is verified, closeout the CAR, duly approved by the Deputy QMR/IQA Head; else, coordinate with concerned Office for continuous CAP implementation and/or take any further appropriate action; else, let the CAR remain open and schedule the subsequent (2nd or 3rd) verification. • Communicate the results of verification to concerned Office.	• CAR
9	**Process Owner/QMS Secretariat/IQ Auditor**	Review risk register and update other affected QMS documented information	• Review and update the risk register accordingly. • Ensure that relevant documentation are appropriately revised, if applicable, in accordance with Control of Maintained Documented Information Procedure.	• Risk Register • Control of Maintained Documented Information Procedure

10	**Designated Custodian**	Retain records	• Retain records in accordance with Control of Retained Documented Information Procedure and Master List of Records	• Control of Retained Documented Information Procedure • Master List of Records

Definition of Terms:

- Correction – action taken to eliminate (or address) a detected non-conformity (i.e. stop gap measure, quick fix, mitigation, band-aid solution
- Corrective Action – an action taken to address the root cause of the identified nonconformity in order to prevent its recurrence.
- Corrective Action Report (CAR) – the specified form to record a detected noncomformity, the identified root cause and the actions taken to prevent its recurrence.

Prepared By	Reviewed By	Approved By
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DILG REGIONAL OFFICE 02

CORRECTIVE ACTION REPORT

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CAR NO:	DATE OF ISSUANCE:
OFFICE/DIVISION:	PROCESS:

A. BASIS: (Please check (√) the appropriate box)

NON-AUDIT RELATED :

☐ Unmet Quality Objective (UQO) ☐ Client Feedback (CF) ☐ Other: _____

AUDIT RELATED:

☐ Nonconformity (NC)

B. STATEMENT OF NONCONFORMITY:

ISSUED BY:	REVIEWED BY:	ACCEPTED BY:
Signature over Printed Name of QMS Secretariat Member for Non-audit Related or IQ Auditor for Audit Related	Signature over Printed Name of QMS Secretariat Head for Non-audit Related or RIQA Team Leader for Audit Related	Signature over Printed Name of concerned Division/Field Office Head/QMR

C. CORRECTION/IMMEDIATE ACTION:

D. Potential/Actual Consequence(s), if any	Planned Action, if necessary:
Prepared By:	Confirmed By:
_____ /	_____ /
Signature over Printed Name of Process Owner/ Date	Signature over Printed Name of Head of Office/Date

D. ROOT-CAUSE ANALYSIS: *(Use 5-Why Analysis or Fishbone Diagram)*

E. CORRECTIVE ACTION (CA) PLAN: (submit to QMS Secretariat/IAS within 10 days upon receipt of CPAR)

ACTIVITY	RESPONSIBLE PERSON	TIMELINE	
		START	END

Prepared by:	Approved by:	Accepted by:
/	/	/
Signature over Printed Name of Division Chief/Head of Office/ Date	Signature over Printed Name of Regional QMR / Date	Signature over Printed Name of RIQA Team Leader / Date

F. VERIFICATION OF CA/PA PLAN IMPLEMENTATION: *(at least 2 months after the full implementation)*

CA/PA ACTIVITY	STATUS AND REMARKS / Verified by / Date

G. VERIFICATION OF CA/PA PLAN EFFECTIVENESS: *(For non-audit related, at least 2 months after full implementation of the planned CA/PA and non-recurrence of the identified root-cause/s. For audit related, the effectiveness of the CA/PA will be verified in the next audit).*

Date of Verification:	Results of CA/PA verification/ REMARKS *(Effective / Not Effective)*	Status (Open / Closed)	Verified By
(1)			
(2)			
(3)			

Note: *(2) and (3) verification is necessary if the CPAR cannot be closed after the (1st) first verification.*

Verified by:	Approved by:
/	/
Signature over Printed Name of QMS Secretariat Head for Non-Audit or IQ Audit Auditor for Audit Related/ Date	Signature over Printed Name of Deputy QMR for Non-Audit or RIQA Team Leader / Date

Prepared By	Reviewed By	Approved By
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