1. PURPOSE

This procedure ensures that nonconformities are detected, causes are identified and corrective actions are provided to prevent recurrence.

2. SCOPE

This procedure applies to nonconformities found in the implementation of the Quality Management System (QMS) of DOJ-PPA.

3. REFERENCES

The following shall be the references in the implementation of this procedure:

3.1 Internal Quality Audit

3.2 ISO 9001:2015 QMS Standard

4. DEFINITION OF TERMS

Nonconformity	Non-fulfillment of a requirement
Corrective Action	Action to eliminate the cause of a detected nonconformity or other undesirable situation, and prevent recurrence

5. PROCEDURE DETAILS

Ref. No.	Key Activities		Responsible	Reference Document/ Record
5.1	Review detected and potential nonconformity	• Receive and review the Request for Action • Identify concerned staff who will be involved in corrective action	Process Owner	Request for Action (RFA)
5.2	Determine the cause of nonconformity	• Conduct Root Cause Analysis • On site verification • Problem Tree Analysis	Process Owner	RFA
5.3	Determine and implement the action needed	• Develop, plan and recommend corrective actions • Approve corrective actions • Implement corrective actions • Monitor the implementation status of corrective actions	Process Owner	RFA
5.4	Review corrective action taken	• Review the implementation status and evaluate the effectiveness of corrective actions	Management QMS Leader	RFA, Corrective Action Status Report

5.1 REVIEWING NONCONFORMITY

5.1.1The corrective action procedure is triggered by Request for Action from other processes/procedures in response to identified nonconformities from:

5.1.1.1Internal quality audits

5.1.1.2 Client complaints (from the Monitoring and Measurement of Customer Satisfaction/suggestion box/hotline – 8888/ARTA-Report Card Survey Results)

5.1.1.3 Qualified nonconforming outputs (from Control of Nonconforming Outputs)

5.1.1.4 Poor process performance results and unacceptable deviations from the organization's programs and plans (from management reviews)

5.1.2 The initial review of the Request for Action considers:

5.1.2.1 The extent and impact of the reported nonconformity.

5.1.2.2 The processes contributing to and affected by the reported nonconformity.

5.1.2.3 The prevailing situation (external) to the organization.

5.1.2.4 The limitation and weaknesses of the corrective action.

5.1.3 The concerned process owner identifies personnel who need to be involved in corrective action. This may extend to personnel outside his/her own division/unit. Coordination with the other concerned division/unit should be established.

5.2 Determining the Cause of Nonconformity

5.2.1 All occurring nonconformities are subjected to root cause analysis to be able to come up with corrective action plans.

5.2.2 Root cause analysis considers the different factors contributing to the nonconformity, including:

5.2.2.1 Manpower - personnel competencies and their ability to consistently perform their functions as required.

5.2.2.2 Machine - the availability of appropriate tools, equipment and facilities to enable effective operations.

5.2.2.3 Methods - the availability and consistent application of appropriate procedures, guidelines and standards.

5.2.2.4 Materials - the availability of the needed materials and supplies to enable effective operations.

5.2.2.5 Environment – the condition of the surroundings, facilities, and work environment.

5.2.3 Where several root causes are identified, they are prioritized relative to their contribution to the nonconformity.

5.2.4 If needs arise, on-site verification is conducted. On-site verification includes spot checking, personal visit or inspection of lace where the nonconformity occurs and/or interview of the key informant to help clarify the nonconformity.

5.3 Determining and Implementing Corrective Actions

5.3.1 Based on the root causes identified, corresponding corrective action plan is developed and approved by the concerned process owners.

5.3.2 Planning of corrective actions (solutions) involves the following:

5.3.2.1 Generation of alternative solutions

5.3.2.2 Selection of the best solution (from the alternatives)

5.3.2.3 Identification of activities, resources, responsibilities and timeliness needed to implement the selected solution

5.3.2.4 Past experiences/benchmarking/pilot study

5.4 Reviewing the Status of Corrective Actions

5.4.1 The IQA Team/ initiating unit reviews corrective action plans documented in the RFA. The team also monitors the implementation of the action plans.

5.4.2 The implementation status and effectiveness of corrective actions is also periodically reviewed and evaluated by the concerned process owner; any related issues are primarily addressed.

5.4.3 Corrective actions are collectively reviewed by the Management Committee (under management review). Depending on the nature of the solution and the associated nonconformity, monitoring and review continues for at least 3 months after implementation, after which the corrective action is deemed completed.

5.5 Coding for RFA

5.5.1 All Requests for Action (RFA) are traceable through reference number.

5.5.2 The use of series code in RFAs identifies the office/division/ section/unit / field office which received the RFAs. It helps facilitate the tracking, and retrieval of documents.

5.5.3 The reference number must follow the sequence order below:

Ref. No. PPA-AAA-BBB-YY-N where:

N	refers to a request for action sequence number starting from 1 up to as many depending on the number of nonconformity finding in a reference year
YY	refers to the last 2-digit code of the year in reference
BBB	refers to an office/division/ section/unit/field office digit code identifying the recipient of the RFA
AAA	refers to the Central Office, and Regional Office code identifying the regional office of the recipient of the RFA
PPA	Agency Code

Example:

A nonconformity finding on the core process of Lapu-lapu City PPO during the audit conducted on February 1, 2018.

RFA Ref. No. PPA-AAA-BBB-YY-N
PPA-RO7-LLC-18-1

Please refer to the attached Reference Code for Central Office, Regional Office and Field Office.

6. Attachment

6.1 Request for Action Form
6.2 Nonconformity and Corrective Action Monitoring Matrix
6.3 Reference code for Central Office
6.4 Reference code for Regional Office and Field Office

Prepared by:	Reviewed by:	Approved by:
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