

IDENTIFICATION AND MANAGEMENT OF NONCONFORMITIES

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1. PURPOSE AND SCOPE

This document outlines the procedure of identifying and managing nonconformities in order to ensure that root causes of nonconformities are thoroughly investigated and effectively resolved to eliminate their recurrence. This procedure covers all nonconformities which have a bearing on the SADCAS quality management system.

2. RESPONSIBILITY

All SADCAS personnel are responsible for the identification of nonconformities, and implementation of corrective actions within their scope of operation.

The Quality Manager shall be responsible for closing nonconformities. Nonconformities raised during internal audits shall be closed by the auditor who performed the audit.

3. DEFINITIONS

3.1 **Nonconformity** is the non-fulfillment of a requirement of ISO/IEC 17011 and SADCAS' quality management system.

3.2 **Improvements** are actions taken to improve the effectiveness of SADCAS quality management system.

3.3 **Continual improvement** is the use of repeated activities to increase the ability to meet requirements.

3.4 **Preventive Action** an initiative to remove the reason for a potential nonconformity or potentially undesirable situation.

4. ACTIVITY DESCRIPTION

4.1 Identification of Nonconformities

Nonconformities can be identified by SADCAS personnel or SADCAS clients through the customer feedback system, internal audits or other sources. SADCAS personnel can identify nonconformities while performing routine work or during internal audits.

4.2 Registration of Nonconformities

4.2.1 All nonconformities identified by SADCAS personnel shall be documented in SADCAS F 42 – Nonconformity, Corrective Action and Clearance Report and shall be referred to the Quality Manager who shall assign responsibility for handling the nonconformity.

4.3 Implementation of Corrective Actions

4.3.1 Upon assignment of the responsibility for handling the nonconformity identified from routine work, the responsible person shall:

- Investigate the cause of nonconformity
- Scan the entire system to ensure that no similar nonconformity could occur
- Analyze the impact that the nonconformity may have had before it was discovered
- Take corrective actions appropriate to the impact, and that eliminates the causes of the nonconformity in order to prevent recurrence
- Identify any further opportunities for improvement required; and
- Conduct a thorough follow up to ensure the corrective action is effective and recurrence has been prevented.

4.3.2 Upon assignment of the responsibility for handling nonconformity (ies), the person responsible shall propose corrective action and improvements in consultation with the Quality Manager. The proposed corrective action shall be implemented within 4 months for internal audit findings, and within 1 month for nonconformities identified from customer feedback or other sources. Once implemented, the responsible person shall advise the Quality Manager accordingly.

4.3.3 Records of all investigations and corrective action(s) taken shall be recorded by the Quality Manager.

4.4 Monitoring the Effectiveness of Corrective Actions

The Quality Manager shall review all corrective actions implemented, for effectiveness, verify and close out the nonconformity raised during routine work.

A follow up audit shall be carried out by an auditor to verify the effectiveness of corrective actions implemented to address nonconformities raised during internal audits. Auditors close out nonconformities raised during internal audits once corrective action has been implemented.

The Quality Manager shall report on nonconformities, corrective actions and status of any opportunities for improvement at the management review meeting.

5. OPPORTUNITY FOR IMPROVEMENT

SADCAS staff members hold regular meetings (management, technical and operational) which provide fora where possible areas in which nonconformities can occur are identified. When such areas are identified, measures are taken to prevent recurrence of the nonconformity. The system described in this procedure provides a platform for the implementation of corrective actions that prevent recurrence of nonconformities.

6. CONTINUAL IMPROVEMENT

Continual improvement in SADCAS is achieved through internal audits, management reviews, customer feedback, corrective action on nonconformities, training and continuous professional development, supervision and monitoring of assessors etc.

7. REFERENCES

- SADCAS PM 01 – Sections 9.5
- SADCAS AP 06 – Internal Audits
- SADCAS AP 07 – Management Review
- SADCAS AP 08 – Customer Feedback Handling Procedure
- SADCAS F 42 – Nonconformity, Corrective Action and Clearance Report

APPENDIX - AMENDMENT RECORD

Revision status	Change			Approved by	Effective Date
	Page No.	Clause	Description of change		
Issue 1	-	-	-	CEO	2009-09-04
Issue 1	1	-	<u>Footer</u> – Reformatted cover as per new format.	CEO	2013-12-12
	2	-	<u>Contents</u> – Added “Appendix – Amendment Record”	CEO	
	All	-	All pages – Deleted “Issue No. 1” and substituted with “Issue No. 2”	CEO	
Issue 2	4	4.3.2	<u>3rd line</u> : Deleted “3 months” and substituted with “4 months”.	CEO	2016-07-20
Issue 3	3	4.1	Line 2: Added “Internal audits or other sources” after “feedback system”	CEO	2018-11-20
	4	4.3.1	Added bullets 2 to 6 <ul style="list-style-type: none"> • Scan the entire system to ensure that no similar nonconformity could occur • Analyze the impact that the nonconformity may have had before it was discovered • Take corrective actions appropriate to the impact, and that eliminates the causes of the nonconformity in order to prevent recurrence • Identify any further opportunities for improvement required; and • Conduct a thorough follow up to ensure the corrective action is effective and recurrence has been prevented. 		
		4.3.2	Lines 3: Added “for internal audit findings, and within 1 month for nonconformities identified from customer feedback or other sources” after 4 months.		
		4.3.3	New clause added: “Records of all investigations and corrective action(s) taken shall be recorded by the Quality Manager.		

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	Page No.	Clause	Description of change		
		4.4	Paragraph 3, Line 2: "Preventive actions" deleted and substituted with " any opportunities for improvement		
		5	Title: "Preventive action" deleted and substitute with "Opportunities for Improvement"		