CALAMBA WATER DISTRICT

TITLE: NONCONFORMITY AND CORRECTIVE ACTION

DOCUMENT NO.CWD-IQA-002	REVISION NO. 00	EFFECTIVE DATE: Dec. 28, 2016	Page 1 of 7

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DOCUMENT HISTORY RECORD

Form No.

DCN	REV. NO.	DATE REVISED	AUTHOR	REASON FOR REVISION
2016-12-007	00	n/a	Ronnie G. Sierva / Maria Lourdes B. Tan	Initial Issue

Revision Locator

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1.0 PURPOSE

1.1 The purpose of this documented information is to establish a system to correct identified Root Cause or Most Probable Causes of non-conformances or non-conformities and to take appropriate actions to eliminate the causes of non-conformities in order to prevent their recurrence as part of continual improvement of the implemented Quality Management System (QMS).

2.0 SCOPE

2.1 This documented information is applicable all throughout the organization and shall be used to correct sources of nonconformity that may occur but not limited to the following conditions:

a. Nonconformity occurrence during process
b. Customer/s complaint or feedback
c. Nonconformities identified during audits (internal or external)
d. Correction for a lapse in the practice of an existing documented information or instruction.
e. Results of inspection and testing, monitoring and maintenance should there be a lapse or failure to reach required target or objective.
f. To initiate development of new documented information, work instruction, forms or a standard, or a revision of existing document depending upon the gravity of the situation.
g. To inform concerned section heads of any external or customer complaints.
h. To request for a thorough analysis and countermeasure for a given situation.
i. To take actions to mitigate any consequences arising from accidents, incidents and nonconformance.
j. Others which affect the reliability and quality of the services.

2.2 This documented information also applies to the activities related to preparing, implementing and documenting corrective actions associated with the installations processes, activities, and services, or elements of the QMS.

2.3 This also addresses planned actions taken formally or informally, to eliminate potential causes of nonconformities relating to the company's Quality Management Systems.

3.0 RESPONSIBILITY

3.1 It is the responsibility of subject department/sections/committees to review operations requiring corrective actions which affect the quality of product and services.

3.2 It is the responsibility of the Top Management, Internal Auditors and Auditees/Process Owner to ensure that effective corrective actions are implemented and sustained.

4.0 DEFINITIONS OF TERMS

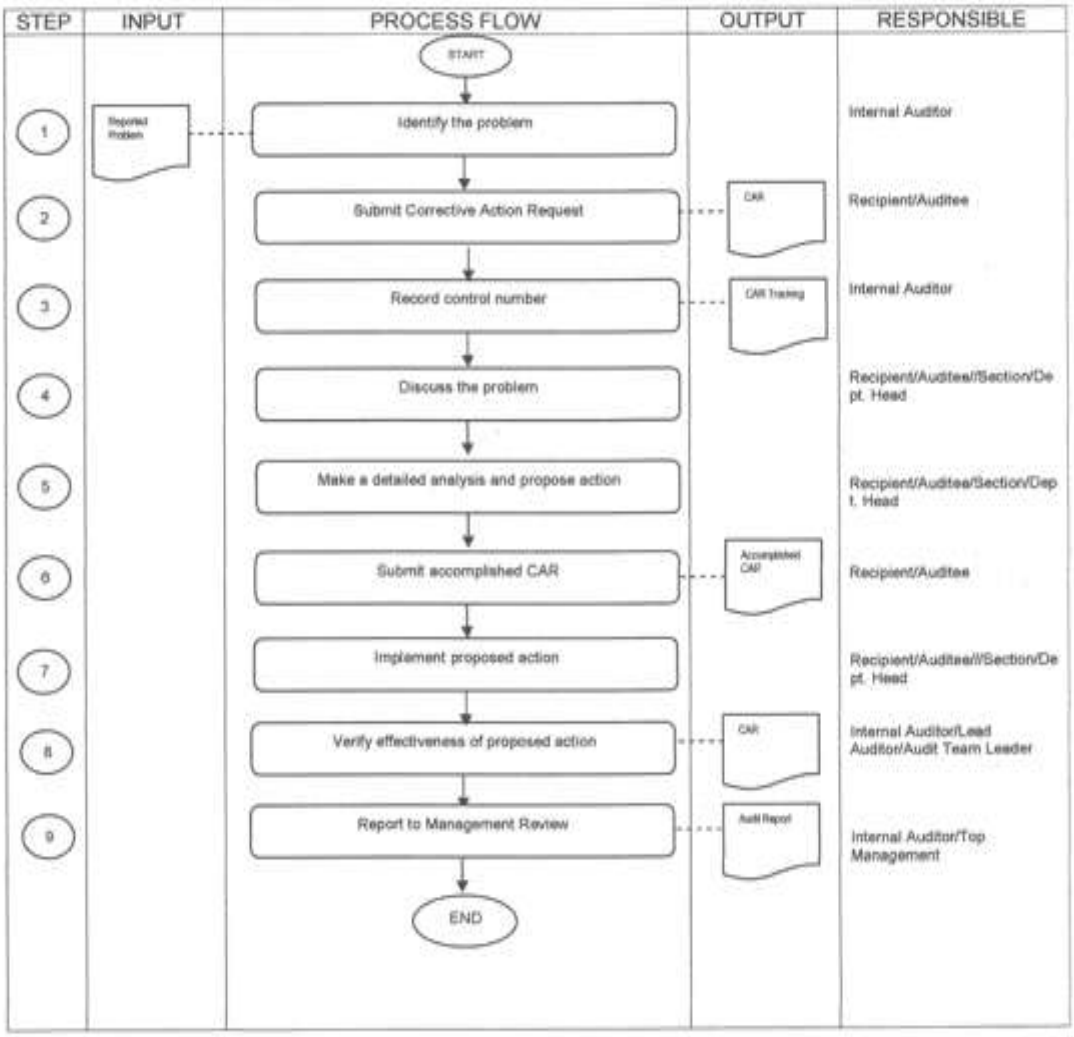
4.1 Corrective Action- action taken to eliminate the cause/s of a detected nonconformity or other undesirable situation in order to prevent recurrence.

4.2 Corrective Action Report (CAR) – is issued when there is a nonconformity occurrence that needs to be coordinated to concerned department/section in order to establish corrective action.

4.3 Initiator – any person who initiates or makes a request for corrective action when a nonconformity, defect or undesirable condition is noted to warrant such action.

4.4 Nonconformity – the deviation/problem which occurred in the system or non-fulfillment of the requirements.

5.0 PROCESS FLOW STEPS



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6.0 PROCESS DETAILS

6.1 CORRECTIVE ACTION REQUEST

6.1.1 **CWD** shall determine, identify the problem, and select opportunities for improvement and implement any necessary actions to meet Customer requirements and enhance customer satisfaction. The methods for dealing with corrective actions require a high level of accuracy and flexibility. Rigorous regulatory and traceability requirements exist in **CWD** implementing a Corrective Action system. Identify the problem where correction and/or corrective action is applicable.

6.1.2 Sources of corrective action can be:

a. System Failures-failure to practice; or misunderstanding of a requirement in a documented information or instruction.
b. Customer Complaints- review of all customer complaints and qualify those that warrant action.
c. Results of inspection, testing, monitoring and verification of maintenance and effectiveness should there be a lapse or failure to reach required target and objective.
d. First time occurrence where a documented information or work instruction is not available.
e. Delays - failure to meet a schedule means a failure to meet a plan, which is nonconformity. Process requirements and targets are not met.
f. Problems with Suppliers - incorrect and/or late deliveries and deliveries of poor quality is a major problem.
g. Recurring problems on the product workmanship, environmental, occupational safety and health concerns.
h. improving products and services to meet requirements as well as to address future needs and expectations;
i. correcting, preventing or reducing undesired effects;
j. improving the performance and effectiveness of the quality management system.

NOTE: Example of improvement can include correction, corrective action, and continual improvement, break through change, Innovation and re-organization.

6.1.3 Nonconformity and corrective actions

6.1.3.1 when a nonconformity occurs, including any arising from complaints, CALAMBA WATER DISTRICT shall:

a) react to the conformity and, as applicable:
   1) take action to control and correct it;
   2) deal with the consequences;
b) evaluate the need for action to eliminate the case(s) of the nonconformity, in order that it does not recur or occur
   elsewhere, by:
   1) reviewing and analyzing he nonconformity;
   2) determining the causes of the nonconformity;
   3) determining if similar nonconformities exist, or could potentially occur;
c) implement any action needed;
d) review the effectiveness of any corrective action taken;
e) update risks and opportunities determined during planning, if necessary;
f) make changes to the quality management system, if necessary.

6.1.3.2 Corrective action shall be appropriate to the effect of the nonconformities encountered.

6.1.3.3 The organization shall retain documented information as evidence of:

a) the nature of nonconformities and any subsequent actions taken;
b) the results of any corrective actions.

6.1.3.4. A Corrective Action Report shall be generated within 7 working days for non- conformance noted during the audit. CAR shall be an important part of any activities related to preparing, implementing and documenting corrective actions associated with the installations processes, activities, and services, or elements of the QMS.

6.1.3.5 A nonconformance shall be classified as follows.

6.1.3.5.1 Major non-conformance with a contract requirement, documented information or ISO Standard. There is no system or the established system is not adequately functioning to assure conformance to specified requirements.

6.1.3.5.2 Minor nonconformance, there is a present system but many similar non-conformances were seen that show that the system is in danger of breaking down.

6.1.3.5.3 Observation, there is a present system but need to improve and it's initially not considered a deviation, but can be a minor or major non-conformance if not taken care of.

6.2 CAR INITIATION SECTION:

6.2.1 A CAR shall be initiated by a staff addressed to those concerned when there is any nonconformity occurrence.

6.2.2 Initiator shall accomplish the CAR form. A control number shall be assigned by the respective Internal Auditor/ concerned section/department for control, reference and traceability purposes. Wherein issuance of control number shall be in accordance with the following guidelines:

XX - XX - XXX

- Assigned consecutive number e.g. 001
- Last 2 digit of current year e.g. 12 for year 2012
- Coding for type of nonconformance
  - IA – Internal audit Finding
  - EA – External audit finding
  - MR – Management Review issue related
  - PA – Process audit finding
  - CF – Customer feedback or complaint
  - SA – Supplier audit finding
  - OT – other CARs not falling under the aforementioned categories

Note: CAR number issued to suppliers and customers are controlled through CAR Tracking.

6.2.3 CAR shall be reviewed and approved by the Department Manager of the staff who initiated the action request prior submission to the concerned/Internal Auditor. Issued CAR shall be recorded on the Corrective Action Report Tracking.

6.3 CAR RESPONSE SECTION

6.3.1 CAR recipient/Auditee shall investigate/evaluate to make a detailed analysis of the cause of actual nonconformity occurrence and shall establish/propose corrective action(s) needed. Action shall be appropriate and equal to the magnitude of problem that occurred, customer satisfaction, reliability of the product and services and environmental protection.

6.3.2 Discussions shall be held and/or failure analysis shall be conducted when necessary to analyze the process in determining the cause of the actual or potential nonconformity. Analysis may cover the process work operations, and or customer complaints on the defect so as to eliminate the cause of nonconformity.

On the work environment perspective, analysis may cover conditions arising from performance of a task, results of monitoring and measurement, legal requirements and deviations from documented information.

6.3.3 Necessary controls shall apply within the affected areas and ensure that the corrective action taken is effective and implemented accordingly to prevent recurrence.

6.3.4 Corrective actions may sometimes affect existing documents. In such cases, affected documents shall be updated.

6.3.5 Response to action plan/s shall identify the person in-charge and commitment date/s of implementation. Established corrective action shall be reviewed and approved by the department manager responsible for the noted nonconformity prior to implementation. In instances that the action involves other department/s, review and approval of concerned manager/head shall be obtained.

6.4 CORRECTIVE ACTION REVIEW SECTION

6.4.1 Submit accomplished CAR. Accomplished CAR shall be returned to the Initiator, who in turn, shall review on the appropriateness of action plan/s presented by the recipient/Auditee. Final disposition/implementation of corrective action indicated on CAR response shall be made within the allotted period. However, if no response was made, the CAR shall be re-issued and elevated to the next level.

Note:
a) Re-issuance of CAR may happen if the Recipient/Auditee fails to answer the CAR to Auditor after the due date.
b) If the Auditor found that CAR is not implemented or result is not effective, re-issuance shall happen moreover, CAR is being addressed to his/her superior (to signify escalation) until CAR is considered as closed.

6.4.2 When final disposition is made, Initiator shall forward the report to Internal Audit section for update on status of issued CAR.

Note: Committed date reflected on the CAR signifies to the period the action was done.

6.4.3 Initiator and/or the Internal Audit group shall conduct verification and review of corrective action effectiveness at least 5 days after actual implementation based on the following (but not limited):
6.4.3.1 Applicable monitoring report
6.4.3.2 Concrete evidence of the implementation of the proposed corrective action.
6.4.3.3 No recurrence of the nonconformity.

6.4.4 If document changes have not yet been completed on the date of verification, it shall be reviewed and verified on the actual date of completion stated on corrective action response.

6.5 CAR CLOSURE:

6.5.1 If corrective action taken proved to be sufficient, has corrected the noted nonconformity and has been implemented accordingly, the CAR shall be closed by indicating "CLOSED" on the action status. Result of the corrective action review and assessment shall be approved by the Top Management. Audit personnel shall then update the CAR tracking.
6.5.2 If corrective action taken is not sufficient to correct noted actual nonconformity, not implemented accordingly or there is a recurrence of the same problem, the CAR shall be re-issued with the same control number but elevated to the higher management level.
6.5.3 Re-issued CAR shall be processed the same treatment as new issuance.
6.5.4 The Recipient/Auditee shall be informed of the results of verification and assessment of the CAR.
6.5.5 Issued CAR shall be reviewed periodically to:
6.5.5.1 Monitor outstanding Corrective Action Request;

6.5.5.2 Analyze any nonconformity trends;

6.5.6 Report on CAR reviews and status shall be published and submitted to Top Management / Lead Auditor / Audit Team Leader.

6.5.7 Outstanding CAR as reflected on the Audit Summary Report or occurrence of nonconformity trend shall be reported accordingly to the Management Review and call the attention of the responsible person for immediate action.

6.6 **Continual improvement**

6.6.1 CWD shall continually improve the suitability, adequacy and effectiveness of the quality management system. **CWD** shall consider the results of analysis and evaluation, and the outputs from management review, to determine if there are needs or opportunities that shall be addressed as part of continual improvement.

7.0 RECORDS RETENTION

7.1 Active Retention – indefinite (electronic and hardcopy)

7.2 Inactive/Archival Retention – shall be kept for 1 year or may request for an extension as deemed necessary (hardcopy); for electronic/soft file; it shall be kept in a separate folder named obsolete master copy/original.

8.0 REFERENCES

8.1 ISO 9001:2015 QMS Standard

8.2 ISO 19011

8.3 Quality Manual (if with pre-existing/preferred)

9.0 ATTACHMENTS

9.1 Corrective Action Request Form

9.2 Corrective Action Request Tracking

10.0 DISTRIBUTION LIST

Note 1: Select Relevant Recipient to Appear in below List.

COPY HOLDER NO.	DEPT/SEC./COPY HOLDER
1a	Office of the Board
1b	General Manager
2	IQA
3	Commercial
4	Engineering
5	ADM Purchasing
6	ADM Warehouse
7	ADM Motor pool
8	Laboratory/ Quality Control Division
9	ADM HRD
10	Finance
11	Production

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