

GUIDELINES FOR NON-CONFORMITIES AND CORRECTIVE ACTIONS

PURPOSE

This guideline shall establish the requirements for:

1. Reviewing non-conformities;
2. Determining the causes of the discovered non-conformities;
3. Determining and implementing action needed to prevent the existence and recurrence of a non-conformity;
4. Records of the results of action/s taken;
5. Reviewing the effectiveness of the corrective actions taken;
6. Defining the controls and related responsibilities and authorities for dealing with non-conforming services.

SCOPE

This procedure shall cover all corrective actions that can be done to address a nonconformity which can affect the PRA Quality Management System.

POLICY

The delivery of PRA's services should always satisfy customer's requirements in accordance with the service agreement. It is the policy of the company to identify, control and prevent occurrence/recurrence of services that do not conform to specified requirements. In addition, PRA must implement corrective actions to improve the effectiveness of the established Quality Management System.

DEFINITION OF TERMS

Correction – action to eliminate a detected non-conformity.

Corrective Action - action to eliminate the cause of a non-conformity and to prevent recurrence.

Conformity – fulfillment of a requirement.

Nonconformity (NC) - failure to comply with a requirement

Opportunity for Improvement (OFI) - an observed situation which is not a non-conformity but where the results achieved may not be optimal, less than well-organized, or over complicated.

Request for Action (RFA) - document used to:

- Record a non-conformity or an opportunity for improvement;
- Identify the root-cause of the non-conformity;
- Determine correction and corrective action.

RESPONSIBILITIES

1. QMS Leader/Head - ensure that this procedure is properly implemented.
2. Heads/Process Owners - ensure that corrections and corrective actions are carried out without undue delay - ensure that all RFAs received are properly responded and submitted to the IQA, and that documented information is retained. - ensure the effectiveness of actions taken.
3. Internal Quality Audit Team - verify if the corrections and corrective actions have been effectively carried out.

PROCEDURE DETAILS

1. Identification of non-conforming services
Nonconforming services may be detected through or as a result of (but not limited to) the following:
 1. Statutory and Regulatory Requirements
 2. Client Feedback
 3. Audit Activities
 4. Management Reviews

2. When a non-conformity is detected, implement the following procedure:
 1. Document the non-conformity by accomplishing the appropriate part of the RFA;
 2. Submit the RFA to the Internal Quality Audit Team for review and control number assignment. The IQA Team shall be responsible in forwarding the RFA to the concerned unit;
 3. The initiator and the IQA Team shall coordinate on the status of actions, and until the non-conformity is resolved;
 4. In the case of non-conformity from non-achievement of a Unit's objective or target, the "Action Plan for Unmet Targets" form can be used to document the NC. This document is decentralized.

3. When an RFA is received, implement the following procedure:
 1. Unit Head should acknowledge the RFA by signing on the 1st page (space provided);
 2. Perform a Root-Cause Analysis (RCA).
 3. Using the results of the RCA, formulate a correction and a corrective action. The actions to be taken should address the identified cause/s of the NC.
 4. Provide a specific implementation date for both the correction and corrective action;
 5. Secure the approval of the Unit Head;
 6. Submit the RFA to the IQA Team within fifteen (15) working days upon receipt.

4. Disposition and Monitoring of Correction and Corrective Action
 1. The concerned Unit Head shall be responsible to carry out the necessary corrective actions. To lower the risk of recurrence of detected NCs, and the risk of occurrence of potential NCs, the Unit Head shall:
 - a. Review and approve the RCA, the correction, and the corrective action that have been identified in the RFA;
 - b. Monitor if actions are carried out according to the targeted implementation date;
 - c. Conduct a regular meeting regarding the Unit's implementation of the PRA-QMS, the results of actions taken in the RFAs, and other QMS concerns.

 2. The Unit heads shall be primarily responsible in ensuring the effectiveness of their own actions.

5. CONTROL OF NONCONFORMITY MATRIX

Nature of NC	Action/Disposition	Responsibility
Delay in the perfection of project	<ul style="list-style-type: none"> ➤ Seek approval from authority; ➤ Revise Workplan 	Project Manager
Change in Project Duration	<ul style="list-style-type: none"> ➤ Revise Project Implementation Plan 	Project Manager
Exceeding the allotted project budget	<ul style="list-style-type: none"> ➤ Monitor succeeding project disbursements ➤ Re-align budget items 	Project Manager Finance
Statement of Account errors	<ul style="list-style-type: none"> ➤ Retrieve the Statement of Accounts ➤ Re-issue Statement of Accounts with covering explanation 	Project Manager Finance
Deviation from established Code of Conduct	<ul style="list-style-type: none"> ➤ Investigate ➤ Refer to superior/manager for immediate appropriate action 	Human Resource Division
Equipment malfunction	<ul style="list-style-type: none"> ➤ Replace with spare equipment ➤ Rent equipment from external service provider 	General Services Division
Problems with utilities/facilities	<ul style="list-style-type: none"> ➤ Secure remedial immediate action from concerned utility/facilities provider 	General Services Division

REFERENCE

Nonconformity and Corrective Action - Clause 10.2 ISO 9001:2015

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