	PROCEDURE	Document Code:	2017.PR.CDQ.004
		Page No.:	1 of 9
	Control of Non-Conformity And Corrective Actions	Revision No.:	4
		Date Prepared:	18 August 2022
		Date of Effectivity:	04 NOV 2022

1.0 OBJECTIVE

This procedure aims to provide the QMS implementation sites on how to control and address nonconformities identified within LRTA.

2.0 SCOPE

This procedure applies to all QMS nonconformities, whether identified during Internal Quality Audits or Management Reviews, by way of customer feedback or by Management in general. This procedure also covers the following activities:

- Determining the causes of the detected and potential nonconformities;
- Evaluating the need for action to prevent the occurrence and recurrence of nonconformities;
- Determining the implementing action needed;
- Records of the results of action/s taken;
- Reviewing the effectiveness of the corrective actions taken;
- Defining the controls and related responsibilities and authorities for dealing with nonconforming services.

3.0 DEFINITION OF TERMS

Conformity (C)	- fulfillment of a requirement
Correction	- Immediate action taken to eliminate the nonconformity; or containment action to lessen the potential effect, or prevent further escalation of the effect of nonconformity.
Initiator	- An individual who issues the Request for Action (RFA) to ensure correction, and corrective actions are undertaken. An initiator could be the Management Representative (MR), Office Head, and/or Auditor.
Improvement Action Plan	- Refers to the identified correction and corrective action to address the nonconformity and the causes/potential causes of the nonconformity.

Nonconforming Service/Product (NCS/P)	- Service/Product which does not to conform to service/product requirements or standards (e.g., policies, guidelines, technical assistance, licenses, training, certifications, authorizations, etc.), this may be valid customer complaints, unmet targets, and late submission among others.
Nonconformity (NC)	- Non-fulfillment or deviation from a requirement or standard defined by the organization, ISO 9001 standards, customer and statutory requirements.
Opportunities for Improvement	- A situation that indicates that a requirement has been effectively implemented, but based on auditor experience and knowledge, additional effectiveness might be possible with a modified approach.
Request for Action (RFA)	- A form used to record the nonconformity observed, the corresponding root cause analysis, and appropriate actions taken to address such.
RFA Registry	- A form used to monitor/track the status of issued RFA's.

4.0 RESPONSIBILITIES

Management Representative (MR) / Head, QMS Core Team	• Oversees the implementation of this procedure within the organization
	• Ensures that issued RFA's are properly acknowledged
Office Head	• Ensures that correction is identified, root cause analysis is conducted, and appropriate corrective actions to address the causes are reviewed, approved and implemented without undue delay.
	• Ensures that the improvement action plans are implemented and effective to eliminate nonconformities and their causes.
	• Ensures that issued RFA's are properly acknowledged
Process Owner	• Responsible for implementing specific work process and has the authority and ability to make necessary changes/improvements to work process identified.
	• Ensures that the performance of a process is realizing its objectives.

	• Responsible for conducting root cause analysis, and determining the correction, and corrective action, and implementation of such.
Initiator	• An individual who issues the Request for Action (RFA) to ensure correction and corrective actions are undertaken.
	• Responsible for the review and verification of the effectiveness of the actions undertaken by the auditee/process owner to manage the observed nonconformity.
Office IQA Team	• Ensures that all RFAs issued to the office are acted upon and completed.
	• Monitors the status of office RFAs, and updates the RFA Registry.
	• Provides the MR with an update or report on the status of RFAs.
	• Recommends to supervisors and MR, the issuance of non-audit related RFAs.
Overall IQA Team	• Responsible for the registration and monitoring of the IQA related RFAs.

5.0 PROCEDURE

Ref. No.	Key Activities		Responsibilities	Reference Document Record
5.1	Identification of Non-Conformity	Classification of NC's according to source	Initiator	OPCR/CSS/ Audit Report
5.2	Issuance and Acknowledgement of RFA	Documentation of NC in the RFA	Initiator	RFA Form
		Acknowledgement of RFA	MR / Concerned Office Head / Concerned Process Owner.	
5.3	Registration of RFA	Assignment of serial numbers for the RFA Entry of RFA's in the RFA Registry	IQA Team	RFA Form RFA Registry

5.4	Management of NC	Generation of actions to manage NC Conduct of root cause analysis and accomplishment of Section 2 of RFA Form Review of proposed actions to manage NC	Process Owner/ Auditee Supervisor	RFA Form
		Approval of proposed correction and corrective action	Initiator	
		Implementation of the approved correction and corrective action	Process Owner	
5.5	Verification	Accomplishment of Section 3.1-3.3 of the RFA Form Close out the status of RFA	Initiator Office Head Office IQA Team	RFA Form Evidence of Correction

5.1 Identification of Nonconforming Products/Services

5.1.1 Presence of NC's shall be assessed by initiator based on the following sources:

a) Internal Quality Audit – NC's raised by the concerned auditor during the conduct of IQA.
b) External Audit – NC's rose by the certifying body and other regulatory agencies such as but not limited to the COA, CSC, etc.
c) Self-Assessment – NC's identified during the conduct of self-audit.
d) Customer Feedback – valid complaints raised by the customers.
e) OPCR – unmet quarterly and year-end target/s.

5.1.2 The initiator shall use the RFA Form to indicate findings or NC's. This is done by ticking the appropriate box in Section 1 of the RFA form in the foregoing system. Likewise, the initiator shall also identify the appropriate source of the findings for reference of the process owner or auditee.

5.2 Issuance and acknowledgement of NC

5.2.1 Accomplishment of the RFA Form.

a) The initiator fills out Section 1 of the RFA form to document and specify the NC's observed, including the identification of the objective evidence and requirements not fulfilled, and other relevant details.

b) The RFA form should clearly document following:
- Criteria or requirement not being fulfilled;
- Specific evidence that demonstrates that the NC does exist; and,

- Nature and degree of criticality of the nonconformity.

c) Relevant documents (i.e., letters, pictures, videos, audiotapes, text messages) and other forms of evidence may be attached to the RFA, as necessary.

5.2.2 The RFAs shall be issued based on the matrix in Table 1.

Table 1. Guide for the Issuance and Acknowledgement of RFA According to Source.

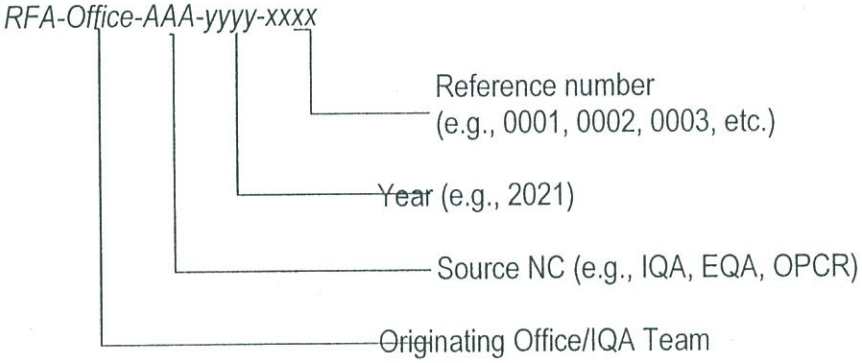
Possible Sources of NC	Issued by (Initiator)	Acknowledged by
1. Internal Quality Audit (IQA)	Concerned Auditor	MR/ Concerned Process Owner
2. External Audit (EA)	External Auditor	MR/ Concerned Process Owner
3. Self-Assessment (SA)	Office IQA Team/ Immediate Supervisor of the Process Owner	Concerned Process Owner
4. Customer Feedback (CF)	Immediate Supervisor of the Process Owner/ Office IQA Team	Concerned Process Owners
5. Office Performance and Commitment Review (OPCR)	Head of Office/Immediate Supervisor of the Process Owner	Concerned Process Owners

5.2.3 Receipt or acknowledgement of RFA shall also be based on Table 1. The concerned official shall affix signature on the RFA Form, signed copy will then be forwarded to the concerned process owner. The process owner acknowledges/accepts the RFA by affixing signature in the "acknowledged by" portion of the RFA.

5.3 Registration of RFA's

5.3.1 RFA's shall be assigned with serial numbers for traceability. A reference number is assigned every start of the year.

5.3.2 The Office IQA Team shall indicate the reference number of the RFA based on the prescribed numbering/coding as shown below:



5.3.3 The Office IQA Team updates and maintains an RFA Registry for tracking and monitoring of status.

5.4 Nonconformity

5.4.1 Identification of Action Plan

a. The process owner reviews the RFA and identifies the appropriate correction to address the NC. These actions are for review and approval of the Office Head. Approved actions are recorded in Section 2.1 of the RFA form and completed within fifteen (15) working days. Evidence/s of correction shall be filed together with this RFA.

b. The process owner shall complete the rest of the steps in addressing the NC and accomplish Sections 2.2 and 2.3 of the RFA form within sixty (60) working days upon receipt of the RFA. Root cause analysis and corrective action plan shall be reported in the RFA. Evidence/s of corrective action shall be filed together with this RFA.

c. In case a non-conforming product/service gets delivered to a customer, immediate correction and retrieval of the product/service are done. Actions for retrieval are also reviewed by the Division/Office Head, and approved by the Department Head / MR prior to implementation. Close monitoring of potential adverse effects is also performed to avoid further damage to the customer.

5.4.2 Review of proposed correction and corrective action plan

a. The Division/Office Head reviews the appropriateness of the proposed action plan.

b. The Division/Office Head upon review of the action plan, if deemed acceptable, shall affix his/her signature on the RFA form to confirm approval. Action plans not deemed acceptable shall be returned to the concerned process owner for revision.

5.4.3 Approval of proposed correction and corrective action

a. The concerned Initiator reviews the appropriateness of the proposed action plan.

b. The initiator upon review of the action plan, if deemed acceptable, shall affix his/her signature on the RFA form to confirm approval. Action plans not deemed acceptable shall be returned to the concerned process owner for revision.

c. The management shall ensure the provision of resources to implement approved correction and corrective plans, as necessary.

5.4.4 Implementation of the correction and corrective action

a. The process owner shall ensure the implementation of the approved correction and the corrective action plans.

b. Evidence of implementation shall be secured and filed together with the RFA.

5.4.5 The process owner shall endorse the accomplished RFA form to the IQA Team Leader within the prescribed timeline.

5.5 Verification

5.5.1 Verification of Correction

a. The initiator verifies the implementation of the correction to ensure that the nonconformity is properly addressed. The initiator shall affix signature in Section 3.1 of the RFA form if correction was deemed

effective. Authorities responsible for the verification of RFAs have been identified in Table 2.

5.5.2 Verification of Corrective Action

a. The Office IQA Team Leader verifies the implementation of the corrective action. Office IQA Team Leader shall affix signature in Section 3.2 of the RFA from if corrective action was effective in addressing the NC and if implemented according to plan and set timelines.

b. The Head of Office/MR carries out the second verification. The Head of Office/MR shall affix signature in Section 3.3 of the RFA form if corrective action is deemed effective.

5.5.3 Close out of RFAs

a. The concerned Auditor/Initiator reviews and verifies the implementation and effectiveness of the completed correction and corrective action plans. The concerned Auditor/Initiator shall affix signature in Section 3.4 if completed actions were deemed acceptable and effective

b. Authorities responsible for the close out of RFA's are identified in Table 2.

Table 2. Guide for verification and close out of RFA according to source.

Possible Sources of NC	Verified by	Close out by
1. Internal Quality Audit (IQA)	Current Year Auditor	Succeeding Auditor
2. External Audit (EA)	Office IQA Committee	External Auditor
3. Self-Assessment (SA)	Office IQA Team / Head of Office of the Process Owner	Office IQA Team
4. Customer Feedback (CF)	Office IQA Team / Office Head of the Process Owner / Process Owner	Office IQA Team
5. Office Performance	Office Head/Immediate	Office IQA Team

and Commitment Review (OPCR)	Supervisor of the Process Owner	

6.0 REFERENCES

2018.PR.IQA.001 - IQA Procedure
ISO 9000:2005 - Fundamentals and Vocabulary Quality Management Systems

7.0 QUALITY RECORDS

2018.FO.CDQ.009 Rev 6 - Request for Action (RFA)
2017.FO.IQA.007 Rev 4 - RFA Registry

Prepared by:	Reviewed By:	Approved By:
ENGR. SHERWIN P. BISCOCHO Head, IQA Team	**DOMINIC F. KABIGTING** Management Representative/ Head, LRTA QMS Core Team	**ATTY. HERNANDO T. CABRERA** Administrator