1.0 PURPOSE

This document provides the policies and procedure to initiate and record corrective and preventive actions taken by the PSC to eliminate causes of nonconformities and support the intention of continual improvement.

2.0 POLICY

The delivery of PSC services necessitates that specified requirements of customers/clients are satisfied in accordance with service agreement. As such, it is the policy of the agency to identify, control and prevent recurrence/occurrence of products/services that do not conform to specified requirements. It is likewise the policy of the PSC to implement corrective and preventive actions to continually improve the effectiveness of the established quality management system.

3.0 DEFINITION OF TERMS:

3.1	NC	-	Nonconformity. Deviation from a specified requirement that need immediate action.
3.2	OFI	-	Opportunity for Improvement. A lapse in the system that causes minor errors or may cause potential problems in PSC operations and therefore may need to be improved.
3.3	Corrective Action	-	Action to eliminate the cause of a detected NC/OFI or other undesirable situation. Corrective action is taken to prevent recurrence. There can be more than one root cause for a NC/OFI.
3.5	RFA	-	Request for Action form. This is used to initiate and record the identified NC/OFI and monitor the status and actions taken relative to the NC/OFI.
3.6	Initiator	-	An PSC officer or staff who initiated the RFA.
3.7	IQA	-	Internal Quality Audit. A procedure to evaluate the effectiveness of the QMS.

4.0 SCOPE

This procedure covers all corrective and preventive actions identified when nonconformity is encountered/anticipated through internal audits, customer complaints, problems encountered/anticipated during PSC operation or QMS scope and any event that could affect the QMS.

5.0 RESPONSIBILITIES

5.1 The QMS Leader/ Head is responsible for ensuring the proper implementation of this procedure.

5.2 The concerned Department Head ensure that appropriate actions are carefully reviewed, approved, and implemented without undue delay to eliminate the causes of nonconformities. They are also responsible for ensuring the effectiveness of actions taken.

5.3 The QMS Core Team/ IQA Team/ Concerned Process Owners is responsible for conducting follow-up activities to verify the completeness and the effectiveness of the actions taken.

5.4 QMS Core Team may initiate requests for actions upon identification of NC or OFI.

5.5 IQA Auditors are authorized to initiate RFA through their Audit Team Leader.

5.6 The IQA Team Leader maintains a registry of issued RFA.

6.0 PROCEDURE DETAILS

6.1 Identification of Nonconformities

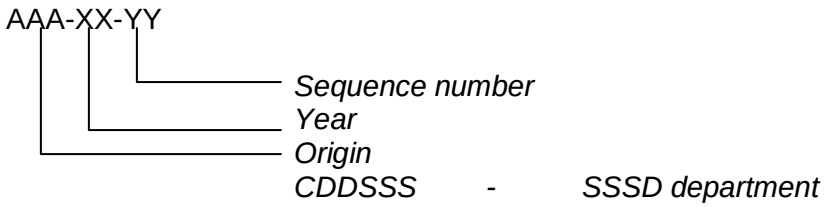
Nonconformities are identified through or during conduct or as a result of the following:

6.1.1---- operations;
6.1.2Benchmarking;
6.1.3Analysis of similar processes;
6.1.4Evaluation of previous outputs/activities relative to the operations;
6.1.5QMS audits;
6.1.6Customer feedback; and,
6.1.7Supplier evaluation.

6.2 Documenting and Reporting of Nonconformities

Identified nonconformities should be recorded on the RFA Form.

6.2.1Prior to issuance of RFA, the form is assigned a serial number as follows:



6.2.2 RFA form contains information that includes, but not limited to:

- Description of potential or actual nonconformity/nonconformance/OFI;
- Correction
- Root-cause analysis, if applicable;
- Proposed Corrective Action;
- Individuals responsible for initiating and implementing action;
- Target completion date; and,
- Verification/Follow-up action date.

6.3 Corrective Action Implementation

6.3.1 The individual or unit/group responsible for the identified nonconformity identifies its root cause and implement appropriate action in a timely manner. The identified root cause is recorded in the appropriate section of the RFA.

6.3.2 For actions to be effective, they should be focused on addressing the root-cause rather than the detected NC/OFI.

6.3.3 The reviews and approves the actions indicated in the RFA, prior to their implementation.

6.4 Verification of Actions Taken

6.4.1 Details of the actions taken and the verification results are written on the follow-up portion of the RFA.

6.4.2 Once the target completion date is due, the IQA Team Leader/Initiator verifies the action taken and records this in the RFA.

6.4.3 If verification necessitates additional action plan or follow-up, the next follow-up date is agreed upon.

6.4.4 To ensure that needed actions are prevented from unnecessary delays, follow-ups shall be limited to only three times wherein the Department Heads conducts the third and final follow-up.

6.5 Effectiveness of Actions Taken

6.5.1 Effectiveness of actions taken is discussed and verified during meetings (e.g. Target date of verification, IQA, MR, Regular Meetings, etc. wherein information relevant to RFAs is considered.

6.5.2 Records of review on effectiveness of actions taken are maintained.

6.5.3 Status of actions taken is included in the agenda and is discussed during management reviews.

7.0 REFERENCES:

7.1 AGENCY-QP-04 F01 - Request for Action Form
7.2 AGENCY-QP-03 - Control of Nonconformity
7.3 AGENCY-QP-05 - Internal Quality Audit