

	Co	de	
ΡF	R-0	8-(ЭP

Revision Number

Date of entry into force

1 August 2006

Page

Of pages

4

Quality Management System - Policy and Programme Support Section

CORRECTIVE AND PREVENTIVE ACTIONS

1. PURPOSE

Establish a common procedure to correct existing or prevent possible future nonconformities and errors.

2. SCOPE

This procedure applies to all contract and development work done within the services of PPSS.

3. RESPONSIBILITIES

Deputy Technical Manager of the Testing Laboratory (Unit Head)

- To assist in selecting the most probable root cause and best corrective (preventive) action
- To assist in deciding on any further steps if the first action has not been positive.
- To report relevant findings to the Section Head for decision making

Service Group Leader

- To perform the root cause analysis, select and implement best action
- To monitor and evaluate the implementation of the selected corrective (preventive) action
- To validate the effectiveness of the implementation
- To report to the Unit Head on the effectiveness of the implementation
- To collect and send all records to the Quality Manager upon successfully ending the process.

	Function	Name	Signature and Date
Authorized	Section Head	K. Mrabit	2007 Fc/Fo day
Approved	Unit Head	Pascal Deboodt	### @#.67.loo6
Approved	Service Group Leader	R. Cruz-Suarez	6+4 suly 2006
Approved	Service Group Leader	John Hunt	John Homer 4th July 2006
Registered	Quality Manager	J. Zeger	3 July 2006

Code	Revision Number	Date of entering into force	Page	Of pages
PR-08-OP	2	`1 August 2006	2	4
CORRECTIVE AND PREVENTIVE ACTIONS				

Quality Manager

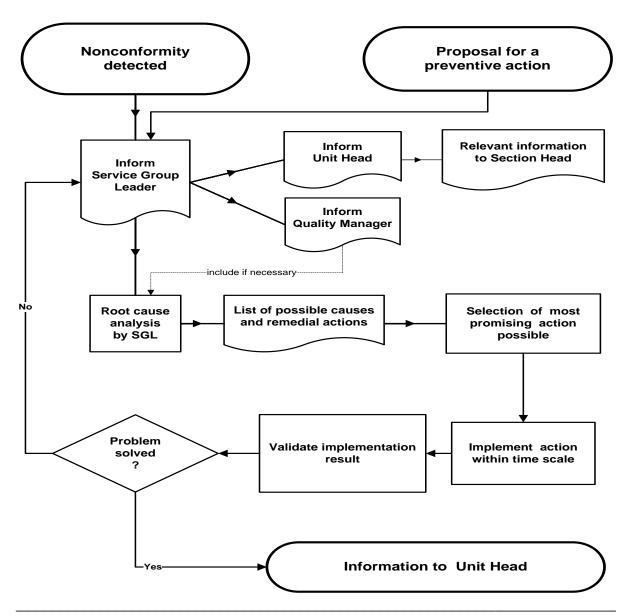
To keep the ensuing records

Staff

 To inform the Service Group Leader, in absence the Unit Head or the Section Head respectively, about nonconformities or customer complaints.

4. **DESCRIPTION**

The procedure is depicted in the flowchart.



If printed valid only on 2011-10-10, for valid copy refer to s:\quality management\quality management documentation\General Managerial Procedures\PR-08-OP_

Corrective_and_Preventive_Actions_V2.doc

Code	Revision Number	Date of entering into force	Page	Of pages
PR-08-OP	2	`1 August 2006	3	4

CORRECTIVE AND PREVENTIVE ACTIONS

A corrective action procedure is started after a complaint or feedback by a customer, or upon detection of a nonconformity (e.g. during a quality audit). A preventive action procedure may have to follow a corrective action procedure, or may be processed alone during the development of new working instructions for testing or new managerial procedures, or because of a decision taken during a management review. Both follow the same routes, with the one looking back, the other forward.

Both procedures start with information sent to the Service Group Leader, in absence to the Deputy or the Technical Manager of the Testing Laboratory respectively. The Service Group Leader informs the Deputy Technical Manager of the Testing Laboratory and the Quality Manager. The Service Group Leader will perform a root cause analysis of the problem, graded to the impact on the quality of services, and try to identify the most likely cause. If the Service Group Leader decides that help is necessary, the Deputy Technical Manager of the Testing Laboratory shall appoint a team (including the Quality Manager) to assist the Service Group Leader in the root cause analysis by using the checklist CL-08-OP-01 (at the end of this document).

As soon as the root cause to the nonconformity is found, the Service Group Leader (or the team) will concentrate on finding possible corrective (and preventive) actions suited to remove the identified cause of the problem. The Service Group Leader, if necessary with the help of the Deputy Technical Manager and/or the Technical Manager, will then initiate the implementation of the selected best suited action, will inform the Quality Manager about which action is taken and will validate the implemented change.

If the implemented corrective (preventive) action is positively validated (the error does not occur again or is prohibited) the procedure ends with information to the Unit Head and the Section Head and the transfer of the collected documentation to the Quality Manager by the responsible team leader.

Whenever the "corrected (prevented)" error occurs again or for the first time, i.e. whenever the validation is negative, the procedure loops back to informing the Service Group Leader, who shall then decide on the next steps to be taken — implementation of the next probable corrective (preventive) action; accepting the next probable root cause and looking for corrective (preventive) actions; or doing a complete root cause analysis again.

5. RECORDS

Description of nonconformity, result of root cause analysis, list of possible corrective (preventive) actions, implementation monitoring and validation records, to be kept by the Quality Manager.

Code	Revision Number	Date of entering into force	Page	Of pages
CL-08-OP	2	`1 August 2006	4	4

1. CORRECTIVE AND PREVENTIVE ACTION

OP Nonconformity - Number / Year

Procedure not formulated precisely enough	yes	no	
Procedure not read or understood	yes	no	
Procedure not followed	yes	no	
Procedure used outside validated range	yes	no	
Needed equipment/supplies/software not available	yes	no	
Needed equipment available, but not calibrated	yes	no	
Needed equipment not functioning	yes	no	
Needed information not available	yes	no	
Needed information available, but not up to date	yes	no	
Environmental conditions not favorable for procedural work	yes	no	
Needed energy supply not adequate	yes	no	
Cross-contamination not avoided	yes	no	
Staff not fit for work (ill, too tired, stressed)	yes	no	
Staff not sufficiently trained to do the job	yes	no	
Staff not enough motivated	yes	no	

Please note any other causes on a separate sheet.

Date Name Signature (Team Leader)