



National
Electrification
Administration

Manual Title:
SYSTEM PROCEDURES MANUAL

Doc Code:
**NEA-QMS-
SP-1.08**

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1 of 6

Document Title:
CORRECTIVE ACTION

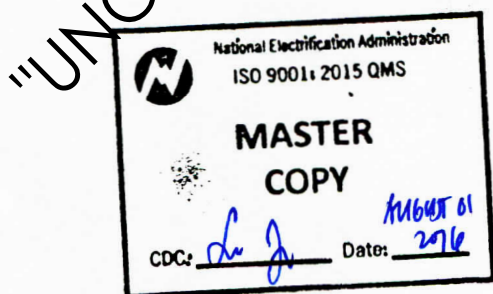
Rev. No.
02


Effective:
August 1, 2016

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Review / Revision History			
Revision No.	Date	Description	Approved By
0	Sept. 1, 2014	Start of Effectivity Date of NEA-QMS-SP-1.08 Corrective and Preventive Action	AESB
1	Dec. 1, 2014	Clearly define the requirement of Preventive Action	AESB
2	Aug. 1, 2016	The requirement for preventive action is deleted as this is now addressed through risk-based thinking.	AESB



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1.0 OBJECTIVE

To describe the means by which actual and potential nonconformities to the QMS are identified, investigated, and addressed to mitigate any quality-related consequences, and for initiating and completing *corrective action*.

2.0 SCOPE

This system procedure covers the application of *corrective actions* for actual and potential nonconformities relating to NEA's QMS such as:

- Problems leading to poor quality of service to internal or external customers
- Complaints or concerns by internal or external interested parties
- Objectives and targets not being met
- Programs not implemented as planned
- Internal/ external audit findings
- Problems identified by the management
- Other system and operational nonconformity such as non-compliance to procedures and guidelines

3.0 TOTAL/MAXIMUM DURATION OF PROCESS

Not applicable


4.0 DEFINITION OF TERMS

- | | | |
|--|---|--|
| <i>Corrective Action Request (CAR)</i> | - | a report describing an actual or potential nonconformity, identifying the root cause and requesting appropriate action |
| Nonconformity (NC) | - | failure to satisfy a particular requirement |
| Corrective Action (CA) | - | action taken to eliminate the root cause of a nonconformity and prevent it from recurring |

Guidelines:

a. Corrective Action is needed in the following cases:

- Repeated non-compliance to procedures, as detected/reported by immediate superior for at least three times in the area within three consecutive months

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- Valid and significant complaints from internal or external interested parties, especially from customers
- Nonconformity raised during internal quality audits and certification audits. Refer to NEA-QMS-SP-1.06 Internal Audit
- A set quality objective and target is not met within the defined time frame, or an activity/ action, defined to meet an objective and target, is not implemented as planned

b. CAR Coding System

CARs shall be coded as follows:

XX-YYY, where

XX - Method of detecting NC such as:

- IA- internal audit
- EA - External Audit
- MM - monitoring and measurement

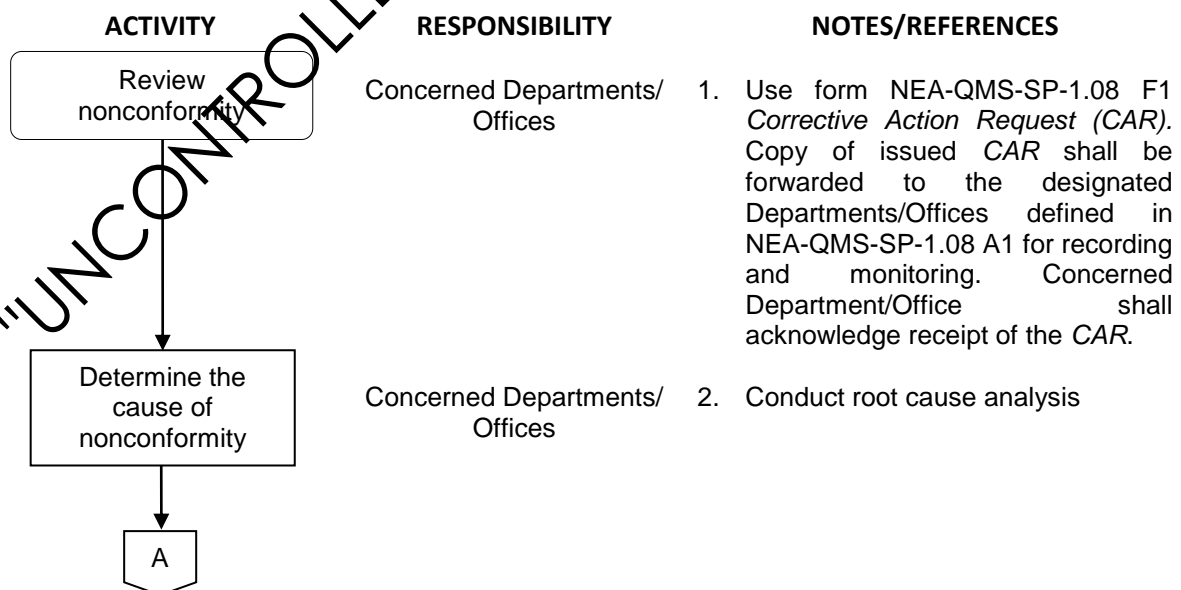
YYY - Sequential number of nonconformity


5.0 REFERENCES

ISO 9001:2015 Clause 10.2 Nonconformity and Corrective Action

6.0 PROCEDURES


A. CORRECTIVE ACTION

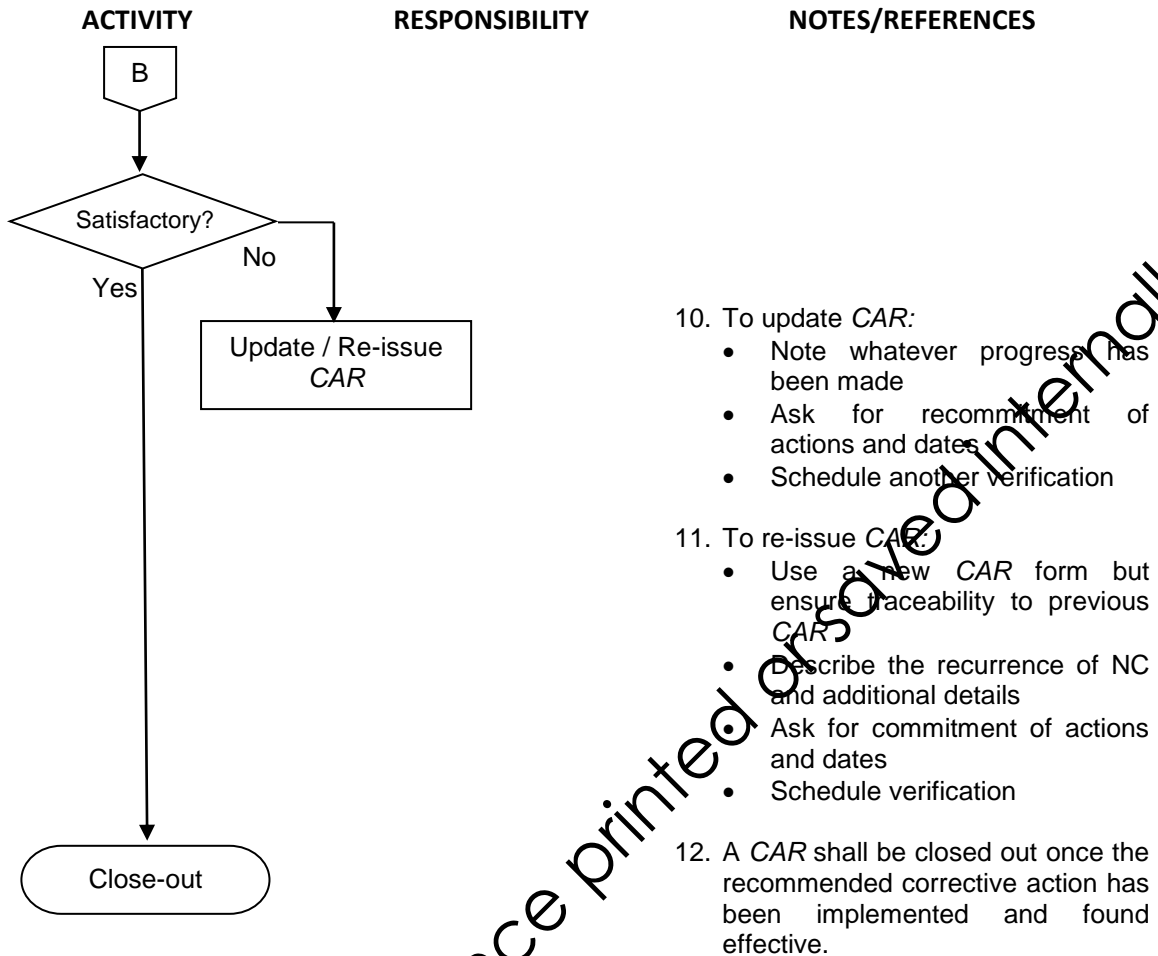


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ACTIVITY	RESPONSIBILITY	NOTES/REFERENCES
A		
↓		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <i>Determine the existence of similar nonconformities</i> </div>	Concerned Departments/ Offices	
↓		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Evaluate the need for action </div>	Concerned Departments/ Offices	3. Where the cause of nonconformity is not readily known, initiate discussion with QMS Team or relevant personnel. 4. The investigation of the nonconformity, including the determination of appropriate corrective action must be completed within 5 working days after receipt of the CAR.
↓		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Determine and implement the action needed </div>	Concerned Departments/ Offices	5. Corrective action, where necessary, must include mitigating action or correction of the ongoing issue. 6. Document proposed actions, responsible functions and commitment dates of implementation using the CAR form.
↓		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Review Corrective Action </div>	Concerned Departments/ Offices/QMR/Auditor Designated Personnel	7. Corrective action shall be followed-up within 2 weeks after the committed completion date. 8. When corrective action results to a change in procedure, the Central Document Controller shall initiate a revision of the relevant document in accordance with the documented procedure on document control. 9. Follow-up shall include evaluation of the implementation and effectiveness of the corrective action. Use NEA-QMS-SP-1.08 F2 CAR Monitoring
↓		
B		

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7.0 ATTACHMENTS

NEA-QMS-SP-1.08 A1 Functions Responsible for CAR

8.0 RECORDS

NEA-QMS-SP-1.08 F1 *Corrective Action Report (CAR)*

NEA-QMS-SP-1.08 F2 CAR Monitoring

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