1.0 Purpose

This procedure provides a system of instruction to ensure all Benguet State University officials and staff have a shared understanding on the detailed activities to be undertaken in the implementation of corrective and preventive action at the central, regional and provincial/district level to prevent recurrence of non-conformities.

2.0 Scope

This procedure includes the implementation of the following corrective and preventive activities: identification/verification of non-conformities; preparation, approval and implementation of corrective and preventive action; and monitoring to review reports on corrective/preventive actions undertaken.

3.0 Definition of Terms

Auditee	Refers to the area/s, organization or person/s to be audited.
Auditor	Refers to the person qualified and authorized to conduct an audit. Shall be responsible for conducting follow-up activities to verify the completeness and the effectiveness of the actions taken. Refer to Table 1 for guidance on verifying corrective and preventive actions.
Correction	Steps that are taken to immediately correct the nonconformity
Corrective Action	Steps that are taken to remove the causes of an existing nonconformity or undesirable situation. The corrective action process is designed to prevent the recurrence of nonconformities or undesirable situations. It tries to make sure that existing nonconformities and situations don't happen again. It tries to prevent recurrence by eliminating causes. Corrective actions address actual problems. Because of this, the corrective action process can be thought of as a problem solving process.

CPAR – Corrective and Preventive Action Request	Refers to the form used to initiate and record corrective and preventive actions on identified nonconformities.
Nonconformity	Refers to the non-fulfillment of a requirement. Nonconformities can be actual or potential.
Preventive Action	Steps that are taken to remove the causes of potential nonconformities or potential situations that is undesirable. The preventive action process is designed to prevent the occurrence of nonconformities or situations that do not yet exist. It tries to prevent occurrence by eliminating causes. While corrective actions prevent recurrence, preventive actions prevent occurrence. Both types of actions are intended to prevent nonconformities. Preventive actions address potential problems, ones that haven't yet occurred. In general, the preventive action process can be thought of as a risk analysis process.

4.0 Responsibilities

Quality Management Representative (QMR)/Deputy Quality Management Representative (DQMR)	Shall ensure that the established documented procedures are consistent with the requirements of ISO 9001 Standard and are effectively implemented. The QMR/DQMR is also responsible for the review and approval of this procedure.
Process Owner	Shall be responsible for corrective and preventive actions and ensure that appropriate actions are carefully reviewed and approved and are taken without undue delay to eliminate nonconformities and their causes.

5.0 Procedure Flow

Responsibilities	Key Steps	Interfaces
Auditor QMR Auditee	Identification of Nonconformities	Corrective/Preventive Action Request Form See Details 6.1
Auditor QMR Auditee Records-in-charge	Reporting of Nonconformities	CPAR See Details 6.2
Auditee Section Heads	Corrective and/or Preventive Action Implementation	CPAR See Details 6.3
Auditor QMR Client Auditee	Verification of Corrective and/or Preventive Actions	Revision History Sheet (RHS) See Details 6.4
Auditor QMR Recods-in-Charge	Corrective/ Preventive Action Records and Review	See Details 6.5

6.0 Procedure Details

6.1 Identification of Nonconformities

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

- QMS Audit
- Internal audit
- Audit by regulatory bodies
- Client complaints

- Complaints to suppliers
- Others (problems encountered during product realization processes from product development to delivery, environmental and health and safety problems, 5S, etc.)

6.2 Reporting of Nonconformities

Identified nonconformities are documented using the Corrective and Preventive Action Request Form – CPAR.

Prior to issuance of CPAR Form to the section or office responsible for formulating corrective and preventive actions, the CPAR is assigned a serial number and entered into the CPAR Register by the records-in-charge.

Note: For nonconformities found during Internal Quality Audits, please refer to the Internal Audit Procedure for more details on reporting, carrying out, or conducting follow-up audits.

6.2.1 Guide on assigning serial numbers for CPAR:

CPAR@-yy-xxxx

- *Sequential number*
- *Year*
- *Origin:* Selected from among
  - *Q - QMS*
  - *C - Customer*
  - *S - Supplier*
  - *R - Regulatory Bodies*
  - *O - Others*

Example :
CPAR -10-0010

6.2.2 The Corrective and Preventive Action Request (CPAR) form shall contain information that will includes, but shall not be limited to:

- Details of nonconformance
- Root-cause analysis (if applicable)
- Proposed corrective or preventive action
- Individuals responsible for initiating and implementing corrective/preventive action
- Target completion date and follow-up date

Any office or section who receives a CPAR, should reply within **five** (5) working days and return the CPAR to the records-in-charge for follow-up purposes.

6.3 Corrective and/or Preventive Action Implementation

The office/division and/or the individual responsible for corrective and preventive action are required to identify the root-cause and implement corrective and preventive actions in a timely manner.

For corrective and preventive action to be effective, action should be concentrated on correcting the root-cause and not on the detected nonconformity.

Office heads must ensure that proposed corrective and preventive actions are properly reviewed and approved prior to their implementation.

6.4 Verification of Corrective and/or Preventive Actions

Once the target completion date is due, the Lead Auditor notifies the process owner to conduct verification on whether the proposed corrective/preventive action is already in place.

Details of the actions taken and the verification results are written on the verification of action portion of the CPAR.

In case of a rescheduled follow-up, the process owner must ensure that the new follow-up date is properly recorded on the CPAR.

To ensure that corrective/preventive actions are prevented from unnecessary delays, follow-ups shall be limited to only three times and the QMR shall carry out the third and final follow-up.

Closed CPARs are returned to the records-in-charge.

Table 1 – CPAR Responsible Matrix

Identified Through	Initiated by/through	Records-In-Charge	Assigned Serial Number	Verified by
Monitoring and Evaluation	Process Owner	Lead Auditor	CPARQ-yy-xxxx	Auditors
Internal Audit	Internal Auditors	Lead Auditor	CPARI-yy-xxxx	Auditors
Student Feedback	Student Evaluation	Lead Auditor	CPARR-yy-xxxx	Auditors

6.5 Corrective/Preventive Action Records and Review

Records of corrective and preventive actions are maintained by the records-in-charge of each office.

Status of corrective and preventive actions taken is included during management reviews.

7.0 References (Not Applicable)

8.0 Attachments

Attachment 1 Corrective/Preventive Action Request
Attachment 2 Registry of CPAR

ATTACHMENT 1

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CORRECTIVE/PREVENTIVE ACTION REQUEST

Office/Institution: _____ Date: _____
Division/Unit: _____ CPAR No: _____

Process:

Degree of Criticality:

❒ Major ❒ Minor

Description of Findings/s (Non-Conformity):

Acknowledged by: _____
Auditee

Root Cause Analysis (Identify the causes of nonconformity)

Proposed Correction	**Target Date**	**Responsible Person**

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Proposed Correction/Corrective/Preventive Action:	**Target Date**	**Responsible Person**

Verification of Action:

Results of Action(s) Taken	Remarks

Verification Date: _____ Verified by: _____
Next Verification Date: _____ Acknowledged by: _____

Verification Date: _____ Verified by: _____
Next Verification Date: _____ Acknowledged by: _____

Corrective Action Review:

Non-conformity Closed?
❒ Yes **❒ No**

Date: Name and Signature of Lead Auditor:

Date: Name and Signature of the Head of Office/Institution:

ATTACHMENT 2

BSU-QP-04-F02

REGISTRY OF CORRECTIVE/PREVENTIVE ACTION REQUEST

Date	CPAR No.	Office/ Institution	Process	Criticality		Non-conformities	Corrective/ Preventive Actions	Verification of Actions
				Major	Minor			