QP 15.0	Corrective and Preventive Action	

Contents

1.0 Scope

1 General

This procedure applies to all corrective and preventive actions to be acted upon by SRI.

Note: Preventive Action may be an action taken to prevent recurrence of a corrective action or a proactive approach to potential nonconformance, perceived adverse trends, and/or opportunity for improvement based on analysis of SRI data. This procedure and *Request for Corrective Action* (R20.34) form may be used for the reactive or proactive approach.

1.2 References

ISO/IEC 17021-1 *Conformity assessment - Requirements for bodies providing audit and certification of management systems*, and any related normative document(s), most current revisions.

SRI Policy Manual Management Systems (QPM)

Articles of Association (QP 3.0)

Pre-Audit Registration Procedures (QP 4.0)

On-Site Audit Procedure (QP 5.0)

Appeal and Dispute Resolution System (QP 8.0)

Subcontractor Requirements (QP 13.0)

Internal Audit/Management Review (QP 14.0)

Customer Complaint Files

Request for Corrective Action (CAR) (R20.34)

1.3 Responsibilities

President & COO: is responsible for ensuring that the corrective and preventive action system is established and implemented. He/she shall also be responsible for establishing and maintaining an organization reporting to him/her which shall establish, maintain, and continually improve all registration policies and procedures.

SRI Advisory Council: approval of significant changes to audit procedures and policy revisions rest with the SRI Advisory Council.

Dispute Resolution Committee (DRC): empowered to act by the SRI Board of Directors, in reviewing and resolving any appeal or dispute brought to them by the President & COO, CEO, or designate from the SRI registration program.

Certification Director: is responsible for developing and implementing corrective and preventive actions applicable to the registration system, formal complaints, and ensuring actions are taken.

Technical Manager: is responsible for verifying corrective and preventive action plans are implemented and maintaining the records of such.

Customer Care: is responsible for developing and implementing corrective or preventive actions taken for any formal complaints about customer care.

SRI Department Managers: are responsible for developing and implementing corrective and/or preventive actions applicable to the implementation and conformance to SRI policies, procedures and forms, and ensuring actions are taken.

1.4 Definitions - None

1.5 Approvals - This procedure has been approved by the SRI President & COO.

2.0 Procedures

2.1 Complaints

.1 SRI is responsible for all decisions at all levels of the complaints-handling process. Any action by SRI related to complaints will not result in discriminatory action against the complainant. Complaints are subject to all rules of confidentiality.

.2 SRI determines if complaints are related to activities under its control or if complaints are related to a registrant.

A. Complaints against a registrant must be submitted in writing.

1. The Certification Director gathers information needed to determine if the complaint is valid. Valid complaints are referred to the client in question with a request for investigation and comment on any actions taken to date by the client. If the Certification Director is satisfied with the client's response (i.e., client has already instituted effective corrective action), it is added to the record and the issue is closed. If the Certification Director is not satisfied, then SRI issues a corrective action notification to the client (R20.35). Once complete, the R20.35 is entered into the record.

2. If possible, SRI will acknowledge the receipt of the complaint

and provide progress reports. The decision to be communicated to the complainant is made by, or reviewed and approved by, an individual not previously involved in the subject of the complaint.

3. SRI will determine, together with the certified client and the complainant, whether and, if so, to what extent, the subject of the complaint and its resolution shall be made public.

B. Complaints against SRI are typically received via the *SRI Quality System Registrar Continual Improvement Questionnaire* (R20.52). If verbal complaints are received, they are referred to the Certification Director and/or the appropriate program lead. The responsible individual will document the verbal complaint for further processing.

C. For complaints received via the CIQ, the Director, Customer Care assigns the issue to the appropriate manager who handles the complaint and notes the actions taken in the CIQ form. For verbal complaints, the Certification Director or designee assigns the issue to the appropriate manager who handles the complaint and reports the steps taken. Those actions are recorded.

D. The effectiveness of the certified management system is considered. If the system is determined to be ineffective, then the complaint is elevated into the corrective action system.

2.2 Corrective and Preventive Action Initiation

Request for Corrective Action (R20.34) form may be initiated from:

A. Auditor's reports or from customer complaints, to resolve difficulties encountered in performing an audit or a result of management reviews and committee meetings (SRI Board of Directors, Advisory Council, etc.).

B. Deficiencies or noncompliance found in the process of an internal audit or external audits.

C. The DRC chairman, arising from an appeal process.
1) In this case, corrective action requests (CARs) are sent to the President & COO, who assigns a sequential number to the request, and prepares an initial response acknowledgment.

D. Complaints about a registered client.
1) In this case, SRI will validate the complaint before proceeding with the corrective action process.

Corrective action responses (CARs) must be initiated and documented for any unresolved formal customer complaint or significant negative action from any party (customer, supplier, auditor, accreditation body, etc.).

CARs may be issued in a preventive approach to prevent recurrence of a corrective action or perceived potential nonconformance, adverse trends and/or opportunity for improvement based on analysis of data.

SRI utilizes the *SRI Quality System Registrar Continual Improvement Questionnaire* (R20.52). A client is distributed copies to capture continual improvement comments or complaints. Feedback is circulated to all management personnel and any significant requests for continual improvement or material complaints may become part of the corrective/preventive action system.

2.3 Problem Analysis

Personnel, including those acting in a managerial capacity, should not be assigned to investigate an external complaint or dispute, if they have been directly involved in activities toward the organization or other party involved in the complaint or dispute, within the last two years, in a manner that may be perceived to affect the confidentiality, objectivity, or impartiality of the investigation. The problem analysis is the basis of correction and is used as a starting point for root cause analysis.

.2 Nonconformances are classified into two categories dependent upon the severity and frequency of the nonconformance:

A. Major Nonconformance - Any or all of the following:
   1) One or more (numbered) required management system elements have not been addressed;
   2) One or more (numbered) required management system elements have not been implemented and maintained;
   3) A situation when several similar or related nonconformances exist that, taken together, lead a reasonable auditor to conclude that one or more (numbered) required management system elements have not been addressed or implemented;
   4) Complaints from a third party/request for corrective action.

B. Minor Nonconformance: Non-systemic nonconformance that does not fall clearly into the category of a major nonconformance. A single observed lapse in a requirement that can be easily corrected. A nonconformance to a requirement in the system that is not likely to result in the failure of the system and/or materially reduce its ability to ensure controlled operations.

.3 All major nonconformances require a root cause analysis using a problem solving method. Although other problem solving methods can be used, the

preferred problem solving method is a 5 WHY analysis documented within the *Request for Corrective Action (CAR) (R20.34)* form. In any case, the problem solving method shall be documented and maintained as a record. Non systemic, minor nonconformance, does not require a root cause analysis via the 5 WHY, correction shall be implemented. All nonconformances shall have the cause identified.

.4 After receipt of a CAR, the responsible manager or delegate proceeds to investigate the situation requiring action, in consultation with the various persons who are involved in the activity, to establish the root cause, where required, and potential solution.

.5 The manager or delegate must document the corrective and/or preventive action to be taken and respond in a timely manner. The manager or delegate reviews the suggested action with appropriate personnel and the President & COO or the designate.

2.4 Corrective and Preventive Action Implementation

The President & COO or the designate approves implementation of the correction and corrective action(s) to be taken and the responsible manager is notified.

After receiving approval for the correction and corrective actions, the responsible manager or delegate proceeds to implement the proposed actions. The responsible manager or delegate must complete the action plans in a timely manner according to schedule. The responsible manager or delegate will document, formally notify, and receive approval from the President & COO or the designate for any changes to the action plans or schedule.

The President & COO or the designate follows up after notification that the plan has been fully implemented and verifies the implementation and the effectiveness of the action(s) taken.

The Certification Director will review the complaint corrective and/or preventive action files and submit a summary report for the management review process.

3.0 Records

3.1 Customer Complaint File and/or *SRI Quality System Registrar Continual Improvement Questionnaire* (R20.52)
3.2 *Request for Corrective Action* (R20.34)
3.3 *Corrective and Preventive Action Log* (R20.34L)