**R20.35RS: SRI Assessment Documentation - Corrective Action** **Notification for ResponsibleSteel**

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| P L E A S E P R I N T |
| Company Name |  |
| Plant/facility |  | Auditee No.: |  |
| Standard(s) |  | Audit Type: |  |
| Date(s) of | Start: | Finish: |
| Lead/Team Auditor(s) |  |
| Coordinator |  | Mandays: |  |

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| --- | --- |
| 1. Contact Name:
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| 1. Nonconformity / Discrepancy Number:
 |  | [ ]  Hold (major) | [ ]  Minor [ ]  Potential Product Impact? |
|  |
| 1. Classification Justification (H/M):
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| 1. Standard (as applicable) / Requirement (# and description):
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|  |
| Nonconformity Description (Basis of Root Cause Analysis and Corrective Action): |
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|  |
| Objective Evidence Observed (Basis of Correction) **NOTE:** SRI auditor may need to generalize description to protect confidentiality: |
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|  |
| 1. SRI Lead Auditor Signature/Date:
 |  |
| 1. Acknowledgement Signature/Date:
 |  |
| 1. Client Internal Corrective Action#:
 |  | If Sampling Scheme [ ] Site specific [ ] Systemic |
| Add reference to SRI CAN# (see line item #2 above) on your internal corrective action form. *Refer to page two for additional instructions.* |
|  |
| **FOR SRI USE ONLY:** | Correction and Corrective Action Plans reviewed: Plans accepted [ ]  Provide additional information [ ]  |
| 1. Name/Date:
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| 1. SRI verification of implementation and effectiveness, Name/Date:
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|  |
| Nature of Verification: |
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| **Client Instruction on Required Content –** Document your plans in the Assessment Sheets section of the ResponsibleSteel Implementation Instructions. Please consider the following when developing your plans:1. **CORRECTION:** Your investigation should with the information provided on page 1 of this form, in section 4, **Objective Evidence Observed.** Because SRI’s audit is based on a sample, your investigation must identify and document the full extent of the nonconformity. If product included within the scope is impacted, Correction plans must include product containment. Include target dates/responsibility for completion of all plans. Where possible, use clear, data based statements to describe your investigation. Plans for Correction must be appropriate to the scope of the nonconformity and its effects.
* For example, if SRI identified a problem with incomplete records (2 instances observed/ documented on page one), your investigation statement may either read:
* Reviewed 30 similar records, with samples taken from all shifts. No additional nonconformity was observed.
* (Or) Reviewed 30 similar records, with samples taken from all shifts. Ten (10) additional nonconformities were observed, all from the 3rd shift.
1. **ROOT CAUSE ANALYSIS**: Your root cause analysis should start with the information provided on page 1 of this form, in section 4, **Nonconformity Description**.
* For example: 5 Why analysis concluded that communication plans, regarding the importance of completing inspection records and the potential consequences of incomplete records are inadequate.
1. **CORRECTIVE ACTION:** Your plan to implement Corrective Action must describe the actions needed to remove the root cause(s) from the management system. Include target dates/responsibility for each aspect of the plan. Requirements for corrective action plans vary according to the reference standard and or customer requirements. Refer to applicable requirements to ensure your plans address all specified requirements.
	* For example: Operations Manager will update the communication plan by XYZ date to include written postings and face-to-face communication from supervisory management during quarterly lunch box employee meetings. These communications will stress the importance of completing inspection records and the consequences of incomplete records. This will be a regular topic until monitoring confirms employees consistently complete required records.
2. **VERIFICATION:** Your plan for verification must include both Correction and Correction Action. In addition, conclusions regarding effectiveness must be documented. Include target dates/responsibility for each aspect of the verification plan. This step can occur only after sufficient data or information has been collected and analyzed. SRI’s Lead Auditor cannot begin the closure review until your verification plans are complete and documented.
	* For example: Internal auditors reviewed 10 records per shift across a 6-week period. No incomplete records were observed, so the action plans are effective.

ResponsibleSteel Guidance: Use the SMART process when completing your response:* + **Specific**: Is the correction or corrective action clear and unambiguous? Does it address the underlying cause of the non-conformity?
	+ **Measurable**: Can the implementation of the correction or corrective action be monitored and measured?
	+ **Achievable:** Does the correction or corrective action have clearly assigned responsibilities and the means for implementing the action?
	+ **Realistic:** Is the correction or corrective action realistic and fit for purpose, given the nature of the nonconformity? Have the means and resources been assigned to implement the correction or corrective action?
	+ **Timely**: Does the timeframe for completing the correction or corrective action correspond with the timelines given below? In some cases, actions involving capital works or approvals may require more time. In these cases, progress milestones during the certification cycle should be set and interim short-term corrective measures implemented to mitigate the effects of the non-conformity.
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| **Client Instructions on Required Timing** - The auditee must return this form as specified (days = calendar days) with internal CA form attached, to the SRI auditor via e-mail [(first initial+last name)@sriregistrar.com] and a copy to SRI Audit Operations Coordinator, see audit plan cover page for email address [(first initial+last name)@sriregistrar.com] (e.g., smazur@sriregistrar.com). For most standards, responses **must be returned to SRI within 60 days** with correction and corrective action plans, including responsibility and timing. 1. For Minors, once the plan is accepted, closure of minor CANs will be verified at the next scheduled event.
2. Hold (major) CANs – once the plan is accepted, a special audit is scheduled (within 6 months of the audit’s end date) to review and close the Major CAN.
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