05	NONCONFORMITY AND CORRECTIVE ACTION

Scope:

This procedure starts from the identification of nonconformity up to the closeout after verification of corrective action effectiveness.

Description of Service:

To define the process that ensure that nonconformities are properly and effectively addressed with appropriate corrective action to prevent the occurrence or recurrence of the NC and their root causes.

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
1	Identify nonconformity	• Identify and prepare nonconformity report Corrective Action Report (CAR). Possible sources of nonconformities are: **Non-Assessment-Related:** a. Unmet objectives and targets b. Complaint c. Management Review Output, if any d. Other lapses or deviations identified **Assessment-Related:** a. QMS Assessment findings (Internal) b. External Audit findings – disseminate the nonconformity report to the concerned Offices. (Note: Use the reporting template issued by the Certifying Body)	**CO:** CO QMS Focal Persons, **ROs:** Regional QMS Secretariat Central QMS Secretariat Assigned QMS Assessors Central QMS Secretariat	• CAR - Part A (Issuance/Acceptance of Nonconformity) • SP on Services Complaints Handling • CAR - Part A (Issuance/Acceptance of Nonconformity) • CB's audit reporting template/s

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
2	Issue Corrective Action Report (CAR)	• Issue Corrective Action Report (CAR) to concerned Process Owners duly signed by the QMS Assessment Head (Assessment-related) or respective Bureau/Service/Office Deputy QMR/Regional QMR (Non-Assessment-Related). **Internal Assessment-related:** 15 working days after the conduct of the last closing meeting. **Non-assessment-related:** 3 working days upon receipt of QMS report with unmet targets	**Assessment-related:** QMS Assessors; QMS Assessment Head **Non-Assessment-Related:** **CO:** CO QMS Focal Persons; and Bureau/Service/Office Deputy QMR. **ROs:** Regional QMS Secretariat; and Regional QMR.	• CAR - Part A (Issuance/Acceptance of Nonconformity) • QME Reports
3	Plan and implement corrections	• Plan the corrections/immediate actions duly confirmed by the Head of Office/Designated Approving Authority using the CAR - Part B (Correction/Immediate Action and Root Cause Analysis). Include actions to deal with the consequences of the NC. • Implement the corrections/immediate actions to stop the nonconforming situation from continuing.	Process Owner and Division Chief/Head of Office/Designated Authority	• CAR - Part B (Correction/Immediate Action and Root Cause Analysis)
4	Identify the root cause of the nonconformity	• Identify the root cause/s of the nonconformity using the "5-WHY" analysis technique. • If CAR is **SYSTEMIC** (NCs addressed to the QMR as the nonconformity was observed/found in 2 or more Offices), the concerned Office/s shall submit the accomplished **CAR - Part B (Correction/Immediate Action and Root Cause Analysis)** to the **Central QMS Secretariat, *15 days* upon receipt,** for consideration in the formulation of Corrective Action Plan.	Process Owner and Division Chief/Head of Office/Designated Authority	• CAR - Part B (Correction/Immediate Action and Root Cause Analysis)

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		• If CAR is **NON-SYSTEMIC** (NCs addressed to a specific Office) or **NON-ASSESSMENT-RELATED** (e.g. unmet targets), proceed to the next step. **Note:** For Systemic, the Root Cause identified in CAR – Part B will serve as an Office-Level input in determining the overall Root Cause in CAR - Part C. For non-systemic or non-assessment-related, copy the identified Root Cause in CAR – Part B in the Overall Root Cause portion of CAR - Part C.		
5	Establish Corrective Action (CA) Plan	**Assessment-Related (Non-Systemic):** • Formulate Corrective Action (CA) Plan with identified person responsible and specified timelines using the CAR - Part C (Root Cause and Corrective Action Plan). • Determine existing NC or potential occurrence elsewhere in the QMS and consider in the corrective action. • Submit the accomplished CAR (Part B and C) to the **QMS Assessment Committee through the Office of the Overall Deputy QMR, *30 days* upon receipt**. **Assessment-Related (Systemic):** May conduct Meetings/FGDs, if necessary to address the following: • Review and finalize the Root Cause Analysis (RCA) based on the submissions from the concerned Offices (Accomplished CAR - Part B) and identify the root cause of the nonconformity. • Formulate the Corrective Action Plan using CAR - Part C	Process Owner and Division Chief/Head of Office/Designated Authority Central QMS Secretariat, All concerned Offices Central QMS Secretariat, All concerned Offices	• CAR - Part C (Root Cause and Corrective Action Plan) • Accomplished CAR – Part B and CAR – Part C • Accomplished CAR - Part B (Correction/ Immediate Action and Root Cause Analysis) from concerned Offices • CAR - Part C

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		(Root Cause and Corrective Action Plan) to ensure that the same nonconformity will not recur or occur elsewhere. • Finalize the Corrective Action Plan and seek approval from the Approving Authority/ies. • Once approved, submit to the QMS Assessment Committee, ***30 days*** **upon receipt of accomplished CAR – Part B from concerned Offices.** **Non-assessment related:** **For ROs/POs/FOs:** Formulate the Corrective Action Plan, seek approval from the Regional QMR, and submit to the Regional QMS Secretariat, ***15 days*** **upon receipt of CAR.** **For CO:** Formulate the Corrective Action Plan, seek approval from the Bureau/Service/Office Deputy QMR and submit to the designated **QMS Focal Person**, ***15 days*** **upon receipt of CAR.**	Central QMS Secretariat, Overall DQMR, QMR Process Owners, RO QMS Secretariat, Regional Deputy QMR, Regional QMR Process Owners, CO Focal Person, Bureau/Service Deputy QMR	(Root Cause and Corrective Action Plan) • Accomplished CAR – Part B and CAR – Part C • CAR - Part C (Root Cause and Corrective Action Plan) • CAR - Part C (Root Cause and Corrective Action Plan)
6	Review and accept the Corrective Action Plan (CA Plan)	• Review the proposed CA Plan and accept *and forward it to the Bureau/Service QMS Focal Person (CO) or Regional QMS Secretariat* if found to be in order and adequate to address the root cause identified. Else, return to the concerned Process Owner/Office for appropriate action.	**Assessment-Related** QMS Assessment Head; **Non-Assessment-Related** **CO:** *Bureau/Service Deputy QMR,* assigned Bureau/Service QMS Focal Person **ROs/POs/FOs:** Regional QMS Secretariat	• Accomplished CAR - Part C (Root Cause and Corrective Action Plan)
7	Implement and monitor the CA Plan	• As specified, implement the corrective actions at indicated timelines.	Concerned Office	• Accomplished CAR (Part C)

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		• Monitor progress against corrective action plans. • If any proposed corrective action cannot be/ is not implemented, discuss with the head of office for possible additional intervention. Process Owners shall provide verifiable documented information on the implemented actions, otherwise, if not implemented, provide necessary adjustments in the action plan (e.g. timeline activities, etc.), as applicable. **Notes:** The QMS Assessment Committee shall issue Memorandum on the updating of the Status of Action/Corrective Action Implementation *(Assessment and Non-Assessment-related NCs)* prior to the conduct of verification Activity (6 months after the conduct of the QMS Assessment). 2. During the verification activity, the assigned QMS Assessors shall record the result *in the CAR Monitoring Matrix.*	Concerned Office QMS Assessment Committee Assigned QMS Assessors	• *CAR Monitoring Matrix* • Memorandum • *CAR Monitoring Matrix* • *CAR Monitoring Matrix*
8	Verify the effectiveness of CA	**Assessment and Non-Assessment-related:** • Verify and confirm the effectiveness of corrective action taken in the next QMS Assessment. Verification can happen more than once, if the initial (first) verification does not provide evidence of recurrence of root cause identified. • If non-recurrence of the root cause is verified, closeout the CAR, duly approved by the QMS Assessment Head; else, coordinate with concerned Office for continuous CA Plan implementation and/or take any further appropriate action; else, let the CAR remain open and schedule the subsequent (2nd or 3rd) verification.	QMS Assessors	• *CAR Monitoring Matrix*

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
9	Review risk register and update other affected QMS documented information	• Review and update the risk register accordingly. • Ensure that relevant documentations are appropriately revised, if applicable, in accordance with Control of Maintained Documented Information Procedure.	Process Owner/QMS Secretariat/QMS Assessor	• Risk Register • Control of Maintained Documented Information Procedure
10	Retain Records	• Retain records in accordance with Control of Retained Documented Information Procedure and Master List of Retained Documented Information.	Designated Records Custodian	• Control of Retained Documented Information Procedure • Master List of Retained Documented Information
End of Transaction				

Definition of Terms:

- **Correction** – action taken to eliminate (or address) a detected non-conformity (i.e. stop gap measure, quick fix, mitigation, band-aid solution
- **Corrective Action** – an action taken to address the root cause of the identified nonconformity in order to prevent its recurrence.
- **Corrective Action Report (CAR)** – the specified form to record a detected nonconformity, the identified root cause and the actions taken to prevent its recurrence.

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QMS Secretariat Head	Overall Deputy Quality Management Representative	Quality Management Representative

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

CORRECTIVE ACTION REPORT

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CAR NO.:	**DATE OF ISSUE:**
OFFICE:	**PROCESS/*AREA*:**

Source of Nonconformity:

☐ **Unmet Quality Objective** ☐ **Client Complaint** ☐ **Assessment** ☐ **Other:**

PART A (ISSUANCE/ACCEPTANCE OF NONCONFORMITY)

DESCRIPTION OF NONCONFORMITY:

Notes:

For Assessment-related

1. If CAR is **SYSTEMIC, (a)** the concerned Office/s shall accomplish **CAR - Part B (Correction/Immediate Action and Root Cause Analysis)** and submit it to the Central QMS Secretariat for consideration in the formulation of Corrective Action Plan, ***15 days* upon receipt**; and **(b)** the Central QMS Secretariat shall facilitate the formulation of the Corrective Action Plan ***(CAR Part C – Root Cause and Corrective Action)*** **and** submit it to the QMS Assessment Committee ***30 days* upon receipt of accomplished CAR *Part B* from the concerned Office/s**; or

2. If CAR is **NON-SYSTEMIC**, concerned Office shall accomplish both **CAR - Part B (Correction/Immediate Action and Root Cause Analysis)** and **CAR - Part C (Root Cause and Corrective Action Plan)** and submit it to the QMS Assessment Committee through the Office of the Overall Deputy QMR, ***30 days* upon receipt.**

For Non-assessment related

3. Concerned Office shall accomplish both **CAR - Part B (Correction/Immediate Action and Root Cause Analysis)** and **CAR - Part C (Root Cause and Corrective Action Plan)** and submit it to the Bureau/Service QMS Focal Persons (for CO) or to the Regional QMS Secretariat (for ROs/POs/FOs), ***15 days* upon receipt.**

ISSUED BY:	**REVIEWED/APPROVED BY:**	**ACCEPTED BY:**
Signature over Printed Name/Designation (**Assessment-Related:** QMS Assessor/s **Non-Assessment-Related:** CO QMS Focal Person/ Regional QMS Secretariat Head)	**Signature over Printed Name/Designation** (**Assessment-Related:** QMS Assessment Head **Non-Assessment-Related:** Bureau/Service Deputy QMR/Regional QMR)	**Signature over Printed Name/Designation** (Concerned Division Chief/Head of Office/ Designated Authority)

CORRECTIVE ACTION REPORT

PART B (CORRECTION/IMMEDIATE ACTION & ROOT CAUSE ANALYSIS)

CORRECTION/IMMEDIATE ACTION, INCLUDING ACTIONS TO ADDRESS CONSEQUENCES ARISING FROM NONCONFORMITY, IF ANY:

	ACTIVITY	RESPONSIBLE *OFFICE/PERSONNEL*	TIMELINE	
			START	END
1				
2				
3				
nth				

Notes:

(1) The QMS Assessment Committee will verify the implementation of the ***Correction/Immediate Actions*** *using the CAR Monitoring Matrix template six (6) months after the conduct of the annual QMS assessment and on the next QMS assessment if action plans are not yet implemented during the 1st verification.*

(2) All concerned office(s) shall ensure that the ***"Status of Implementation", "Date Implemented", and "Mode of Verification/Evidence of Implementation"*** *portions (Columns K, L, and M) of the CAR Monitoring Matrix are accomplished with complete supporting documents and records.*

ROOT-CAUSE ANALYSIS *(At the Office Level as input to the overall Root Cause Analysis):* *(Use 5-Why Analysis)*

	WHY	RESPONSE	BASIS
1			
2			
3			
4			
5			

PREPARED BY:	APPROVED BY:	ACCEPTED BY:
Signature over Printed Name/Designation *(Process Owner or Assigned Personnel / Date)*	**Signature over Printed Name/Designation** *(Division Chief/ Head of Office/Immediate Supervisor/Designated Approving Authority / Date)*	**Signature over Printed Name/Designation** *(Assessment-Related NC : QMS Assessment Head Non-Assessment-Related NC : Bureau/Service Deputy QMR or Regional QMR / Date)*

CORRECTIVE ACTION REPORT

PART C (ROOT CAUSE AND CORRECTIVE ACTION PLAN)

OVERALL ROOT CAUSE: *(Based on the Root Cause Analysis conducted by the Concerned Office/s using CAR-Part B)*

PLANNED CORRECTIVE ACTION: *(Action/s to address the root cause of the identified nonconformity in order to prevent its recurrence)*

	ACTIVITY	RESPONSIBLE	TIMELINE	
			START	END
1				
2				
3				
nth				

Notes:

*(1) The QMS Assessment Committee will verify the implementation of the **Corrective Action Plan** using the **CAR Monitoring Matrix** template six (6) months after the conduct of the annual QMS assessment and on the next QMS assessment (if action plans are not yet implemented during the 1st verification).*

*(2) All concerned office(s) shall ensure that the **"Status of Implementation", "Date Implemented", and "Mode of Verification/Evidence of Implementation"** portions (Columns K, L, and M) of the CAR Monitoring Matrix are accomplished with complete supporting documents and records.*

*(3) The assigned assessors will likewise verify the **effectiveness of the implemented corrective actions** using the same matrix during the annual QMS Assessment and close out the CAR if non-recurrence of the root cause is verified.*

Is there a need to review and amend any of the following?

Risk and Opportunity Assessment Register: *Yes* ☐ *No* ☐ *Specify Title* _____

Documented Procedure/s and Forms: *Yes* ☐ *No* ☐ *Specify Title* _____

PREPARED BY:	APPROVED BY:	ACCEPTED BY:
Signature over Printed Name/Designation Signature over Printed Name of Process Owner or Assigned Personnel/ Central QMS Secretariat/ Date	**Signature over Printed Name/Designation** Signature over Printed Name of Division Chief/ Head of Office/Immediate Supervisor/Designated Approving Authority / Date	**Signature over Printed Name/Designation** Signature over Printed Name of Bureau/Service Deputy QMR or Regional QMR for Non-Assessment-Related NC or to the QMS Assessment Head for Assessment-Related NC / Date

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

MASTER LIST OF MAINTAINED INTERNAL DOCUMENTED INFORMATION

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SYSTEM PROCEDURE							
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FM-SP-DILG-05-01	Corrective Action Report	06.15.21	01.23.23	12.01.23			

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