The Catholic University of Eastern Africa

TITLE	AUTHOR
PROCEDURE FOR CORRECTIVE AND PREVENTIVE ACTION (CUEA/VC/MR/05)	**MR**
	NO. OF APPENDICES:
	1 (ONE) (A)

AUTHORIZATION
This Quality Management Procedure is issued under the authority of:

TITLE	**VICE-CHANCELLOR**
SIGNATURE	
DATE	**4th March 2015**
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NOTE
1. Write amendments on the page provided (Clause 0.2)
2. Controlled copies of this document will be in the VC and the MR's office

0. CONTENTS AND RECORD OF CHANGES

0.1 Table of Contents

0.2 Record of Changes

No.	Date	Details of Changes		Authorization
	(dd-mm-yy)	*Page*	*Clause/subclause*	*Title*
1.	14-05-2014	Title pg	Replace DQA with MR	MR
2.	14-05-2014	1-7	0 - 8.1, Replace DQA with MR	MR
3.	02-03-2015	3	3.2.3, Define acronym CPA	MR
4.	02-03-2015	4, 5	6.1.3, 6.2.4, Correction on appendix	MR

0.3 Distribution / Circulation

This quality management procedure is available on CUEA servers for authorized users

1. PURPOSE

This procedure sets out CUEA methodology for management of corrective actions on identified non conformities and preventive actions on any potential non conformity in order to continually improve the effectiveness of the CUEA QMS.

2. SCOPE

This procedure applies to all identified non conformities and potential nonconformities in all operation areas within CUEA QMS. The procedure covers non conformities due to normal operations, analysis of data, internal and external customer feedback and other trends.

3. TERM AND DEFINITIONS

3.1 Definitions of Terms Used

For the purpose of this procedure the following terms shall apply in addition to those in already defined in the CUEA Quality Management Manual.

3.1.1 Non conformity: Non fulfillment of requirements. This applies to non fulfillment of procedural requirements and/or product/service requirements.

3.1.2 Corrective action: Actions taken to eliminate the cause of an identified non conformity to ensure that it does not recur

3.1.3 Preventive action: Action taken to eliminate the cause of a potential non conformity to ensure that it does not occur.

3.1.4 Process owner: This is the identified and/or designated staff responsible for ensuring the correct control and performance of a process. Within the QMS the process owner responsible in most cases is the Head of Department or Designated Head of Section and/or any other staff delegated such a responsibility but stated in the relevant documentation.

3.2 Abbreviations and Acronyms

3.2.1 CUEA-QMM: CUEA Quality Management Manual
3.2.2 MR: CUEA Management Representative
3.2.3 CPA – Corrective and Preventive Action

4. REFERENCES

This procedure makes reference to the following documents which form part of the QMS documentation:

4.1 CUEA-QMM, Section 4 (Sub-clause 8.5.2 & 8.5.3)
4.2 ISO 9000:2005, Quality Management systems –Fundamentals and vocabulary
4.3 ISO 9001:2000, Quality Management Systems –Requirements

5. PRINCIPAL RESPONSIBILITIES

5.1 The MR has the overall responsibilities for ensuring that this procedure remains adequate for its intended purpose.

5.2 The Process owner/HOD is responsible for application of this procedure including identification and management of actual and potential nonconformities.

6. METHOD

6.1 Corrective actions

6.1.1 Identification and review of non conformities (including customer complaints): Each function shall identify nonconformities from faults, customer complaints, nonconformity reports, relevant QMS requirements including regulatory requirements, data from Satisfaction Survey and feedback from Management Review.

Each function shall maintain records of such non conformities and shall have meetings or other avenues of reviewing the recorded non conformities including customer complaints to determine the significance/effect or potential effects of the non conformity. Records of such reviews shall be maintained.

6.1.2 Evaluation of causes of non conformities and evaluation of need for action: Each function shall determine the mechanism/s to determine the root causes of the nonconformities and evaluate the need for action. The need for action will depend on whether the non conformity or its cause has potential to have significant negative effects on subsequent process steps or final product/services.

6.1.3 Determination and implementation of corrective action: The process owner shall determine corrections and appropriate corrective action needed to eliminate non conformity and the root cause of the nonconformity commensurate with the effect of the nonconformity. Records of actions taken shall be maintained in the form CPA form (Appendix A). Each function shall determine responsibilities and authorities for ensuring these actions are implemented as determined.

6.1.4 Recording and reviewing of corrective action taken: Records of the results of action taken shall be made and distributed to all the stakeholders. The process owner shall ensure that corrective actions taken are reviewed and appropriate actions taken.

6.2 Preventive action

6.2.1 Determination of potential non conformities and their causes through functional meetings, staff shall review and analyze operational trends and come up with ways of identifying potential non-conformities and determine their possible causes.

6.2.2 Evaluation for need for action: The meeting shall review each potential non-conformity and determine if it is necessary to take any Preventive Action

6.2.3 Determination and implementation of preventive action: The meeting shall determine the preventive action appropriate to the effects of the potential nonconformities. The meeting shall also appoint a relevant person to undertake the determined preventive action.

6.2.4 Recording and reviewing of preventive actions taken: Records of the potential nonconformities and the preventive actions taken shall be made and recorded in the in the CPA form -see Appendix A. On completion of the implementation of the preventive action taken, the meeting shall review the effectiveness of the action/s and record the results.

7. APPENDICES

7.1 Appendix A: CPA form CUEA/ VC/MR/05/fm 01

Appendix A: CORRECTIVE AND PREVENT ACTION FORM

	CORRECTIVE AND PREVENTIVE ACTION

FUNCTION/FACULTY/DEPARTMENT/SECTION ……

DETAILS OF NONCONFORMITY (ACTUAL/POTENTIAL) NAME…….. DATE……
ROOT CAUSE OF THE NON-CONFORMITY NAME…….. DATE……
DETERMINED CORRECTIVE/PREVENTIVE ACTION NAME…….. DATE……
CORRECTIVE/PREVENTIVE ACTION IMPLEMENTED NAME…….. DATE……
REVIEW/VERIFICATION OF CORRECTIVE/PREVENTIVE ACTION NAME…….. DATE……
SUMMARY

CUEA/VC/MR/05/ fm 01