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REPUBLIC OF THE PHILIPPINES
PROVINCE OF DAVAO DE ORO

QUALITY MANAGEMENT SYSTEM

CONTROL OF NONCONFORMITY AND CORRECTIVE ACTION PROCEDURE

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1.0 PURPOSE

This procedure shall establish the requirements for:

- 1.1 Reviewing nonconformities (including customer complaints);
- 1.2 Determining the causes of the detected and potential nonconformities;
- 1.3 Evaluating the need for action to prevent the occurrence and recurrence of a nonconformity;
- 1.4 Determining and implementing action needed;
- 1.5 Records of the results of action/s taken;
- 1.6 Reviewing the effectiveness of the corrective actions taken;
- 1.7 Defining the controls and related responsibilities and authorities for dealing with nonconforming services.

2.0 SCOPE

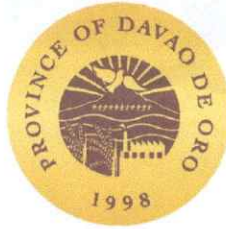
This procedure shall cover all corrective actions that can be done to address a nonconformity which can affect the PLGU-DDO Quality Management System.

3.0 POLICY

The delivery of PLGU-DDO services should always satisfy customer's requirements in accordance with the service agreement. As such, it is the policy of the PLGU-DDO to identify, control and prevent occurrence/recurrence of services that do not conform with the specified requirements. Likewise, it is also a policy to implement corrective actions to continually improve the effectiveness of the established Quality Management System.

4.0 DEFINITION OF TERMS:

- 4.1 **Nonconforming outputs** - Outputs that do not fulfill requirements. Outputs may mean services
- 4.2 **Correction** - Immediate Action taken to correct the nonconforming services. Deal with consequences.
- 4.3 **Concession** - Permission to use or release nonconforming outputs. A concession is generally limited to the delivery of a product and/or service that has nonconforming characteristics within the specified limits for an agreed time or quantity of that product.
- 4.4 **Corrective Action** - Action taken to address the root-cause of nonconformity, preventing the problem from recurring



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- 4.5 **Process Owner** - Individual/office whom/where the process being performed is where the NC is detected; employee/ office responsible for the performance of a process and ensuring that objectives are realized, and that appropriate actions are carefully reviewed and approved and are taken without undue delay to eliminate nonconformities and their causes.
- 4.6 **Management Committee** - composed of governor, vice governor and the provincial administrator who shall lead the establishment, implementation, and monitoring of the Quality Management System.

5.0 RESPONSIBILITIES

- 5.1 **Management Committee** - ensure that this procedure is properly implemented.
- 5.2 **Department Heads/Process Owners** - ensure that corrections and corrective actions are carried out without undue delay; ensure that all RFAs received are properly responded and submitted to the IQA and that documented information is retained; ensure the effectiveness of actions taken.
- 5.3 **Internal Quality Audit Team** - verify if the corrections and corrective actions have been effectively carried out.

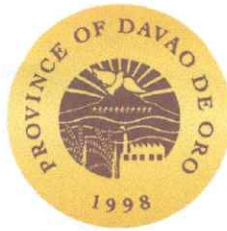
6.0 PROCEDURE DETAILS

6.1 Identification of nonconforming and potential nonconforming services

Nonconforming services may be detected through or as a result of (but not limited to) the following:

- 6.1.1 Statutory and Regulatory Requirements
- 6.1.2 Customer Service Feedback and Complaint Form
- 6.1.3 Service Realization
- 6.1.4 Audit Activities
- 6.1.5 Management Reviews
- 6.1.6 Suppliers Performance
- 6.1.7 Benchmarking

6.2 Reviewing Nonconformity



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6.2.1 The review of nonconformity is triggered by Request for Action from other processes/procedures in response to identified nonconformities from:

- 6.2.1.1 internal quality audits;
- 6.2.1.2 Customer Service Feedback and Complaint Form;
- 6.2.1.3 qualified nonconforming outputs; and
- 6.2.1.4 poor process performance results and unacceptable deviations from the organization's programs and plans (from management reviews).

6.2.2 The initial review of the Request for Action considers the extent and impact of the reported nonconformity, and the processes contributing to and affected by the reported nonconformity.

6.2.3 The Department Head identifies concerned personnel who need to be involved in corrective action. This may extend to personnel outside his/her own department; coordination with the other concerned departments should be established.

6.3 Determining the Cause of Nonconformity

6.3.1 All detected nonconformities are subjected to root cause analysis to be able to come up with corrective action plans.

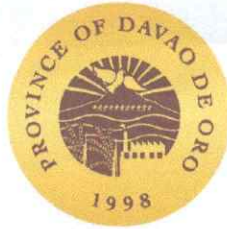
6.3.2 Root-cause analysis considers the different factors contributing to the nonconformity, including:

- i. Manpower - personnel competencies and their ability to consistently perform their functions as required.
- ii. Machine - the availability of appropriate tools, equipment and facilities to enable effective operations
- iii. Methods - the availability and consistent application of appropriate procedures, guidelines and standards
- iv. Materials - the availability of the needed materials and supplies to enable effective operations.
- v. Environment – the condition of the surroundings, facilities, and work environment

6.3.3 Where several root causes are identified, they are prioritized relative to their contribution to the nonconformity.

6.4 Determining and Implementing Corrective Actions

6.4.1 Based on the root causes identified, corresponding corrective action plan is developed and approved by the Department Head.



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6.4.2 Planning of corrective actions (solutions) involves the following:

- i. generation of alternative solutions;
- ii. the selection of the best solution (from the alternatives); and
- iii. the identification of activities, resources, responsibilities and timeliness needed to implement the selected solution.

6.5 Reviewing the Status of Corrective Actions

6.5.1 The IQA Team reviews the root causes and corrective action plans documented in the RFA. The Team also monitors the implementation of the action plans.

6.5.2 The implementation status and effectiveness of corrective actions is also periodically reviewed and evaluated by the concerned Department Head; any related issues are primarily addressed.

6.5.3 Corrective actions are collectively reviewed by the Management Committee (under management review). Depending on the nature of the solution and the associated nonconformity, monitoring and review continues for at least 6 months after implementation, after which the corrective action is deemed completed.

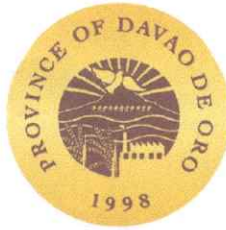
6.6 Make changes to the QMS, if necessary

6.6.1 The PLGU-DDO reviews and updates risks and opportunities identified during planning.

6.6.2 As necessary, changes may be made to the QMS in order to prevent a recurrence of the nonconformity.

6.7 Control of Nonconformity Matrix

Nature of NC	Action/Disposition	Responsibility
Delay in the perfection of project contract	☐ Seek approval from authority	Project Engineer, Provincial Engineer
Delays on target date for deliverables	☐ Inform the Client ☐ Revise Workplan	Process Owner, Department Head
Change in Project Duration and team composition	☐ Inform the Client ☐ Revised Office Order ☐ Revise Project Implementation Plan (PIP)	Process Owner, Department Head, Governor

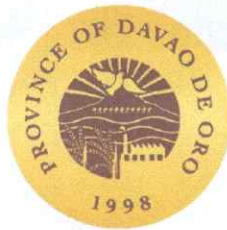


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Non-appearance of Facilitator and/or Resource Person on scheduled appointment with client	<ul style="list-style-type: none"> ☐ Plan and mobilize alternative facilitator and/or resource person ☐ Reschedule 	Process Owner, Department Head,
Limited budget appropriation	<ul style="list-style-type: none"> ☐ Monitor succeeding project disbursements ☐ Revise PIP, re-align budget items ☐ Request for additional funding, if applicable ☐ Discontinue affected activities, subject to customer's approval 	Department Head, Governor
Unavailability of internal support services	<ul style="list-style-type: none"> ☐ Provide allowance/ anticipate time in reserving support services ☐ Seek external support services 	Process Owner
Billing errors	<ul style="list-style-type: none"> ☐ Retrieve the Billing statement ☐ Re-issue Billing statement with covering explanation 	Process Owner, Department Head
Change in project deliverables: <ul style="list-style-type: none"> ☐ Course, research, training, publication, report design ☐ Topics ☐ Duration ☐ Activities 	<ul style="list-style-type: none"> ☐ Inform the client ☐ Refund fee ☐ Offsetting ☐ Revise Workplan and PIP ☐ Revise acceptance criteria 	Process Owner, Section Head, Division Head, Department Head
Inability to notify customer re: changes in planned arrangements	<ul style="list-style-type: none"> ☐ Issue written explanations/ apologies 	Process Owner, Section Head, Division Head, Department Head
Errors in publication	<ul style="list-style-type: none"> ☐ Publish errata 	Process Owner, Section Head, Division Head, Department Head



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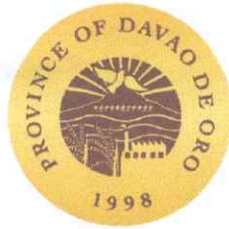
Deviation from established Code of Conduct	<ul style="list-style-type: none"> <input type="checkbox"/> Investigate <input type="checkbox"/> Refer to superior/manager for immediate appropriate 	Process Owner, Section Head, Division Head, Department Head
Documentation errors <ul style="list-style-type: none"> <input type="checkbox"/> Reports <input type="checkbox"/> Certificates <input type="checkbox"/> Handouts <input type="checkbox"/> Correspondence <input type="checkbox"/> QMS Documents 	<ul style="list-style-type: none"> <input type="checkbox"/> Retrieve <input type="checkbox"/> Revise <input type="checkbox"/> Resend <input type="checkbox"/> QMS Document Recalibration 	Process Owner, Section Head, Division Head, Department Head
Discrepancy on target participants	<ul style="list-style-type: none"> <input type="checkbox"/> Advance confirmation <input type="checkbox"/> Reschedule/Cancel the activity <input type="checkbox"/> Inform Client <input type="checkbox"/> Provide additional batch <input type="checkbox"/> Decline attendance 	Process Owner, Section Head, Division Head, Department Head
Equipment malfunction	<ul style="list-style-type: none"> <input type="checkbox"/> Replace with spare equipment <input type="checkbox"/> Rent equipment from external service provider 	Process Owner, Section Head, Division Head, Department Head
Problems with utilities/facilities/ infrastructure	<ul style="list-style-type: none"> <input type="checkbox"/> Secure remedial immediate action from concerned utility/facilities provider <input type="checkbox"/> Use alternative venue <input type="checkbox"/> Postpone/cancel the activity 	Process Owner, Section Head, Division Head, Department Head

7.0 Attachment

7.1 Request for Action Form

8.0 References

8.1 Clause 10.2 ISO 9001:2015 -Nonconformity and Corrective Action



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