QUALITY DOCUMENTS

Q.P. NUMBER 6

CONTROL OF NON-CONFORMITY, CORRECTIVE ACTION AND PREVENTIVE ACTION

This document forms an integral part of the Company Quality system, and adherence to the requirements specified within are mandatory upon all Company personnel and upon any subcontractor required to work in accordance with it.

This is a controlled document and must not be altered in any way without authorisation from the Company Quality Manager.

Issued by: 

Title: Quality Manager

Date: 01.04.16

Authorised / Approved by: 

Title: Executive Manager

Date: 01.04.16

DOCUMENT AMENDMENTS AND UPDATES

Date Amended	Section Amended	Amendment made	Name of person inserting change
01.04.16	12.2	Text amended	S. Young

All changes are hi-lighted
Copies of this document are sent to PCN/BINDT and AINDT

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1.0 SCOPE

1.1 To define how the organisation controls and records non-conformities and non-compliances that occur during normal day to day activities.

1.2 When corrective action is identified to investigate the root cause and ensure controls are imposed to eliminate the cause of the non-conformity/non-compliance and prevent any recurrence.

1.3 Corrective action - is implemented to eliminate the cause of any detected non-conformity/non-compliance; and to prevent any future or similar occurrences.

1.4 Preventive action - is implemented to eliminate the cause of any potential non-conformity/non-compliance.

2.0 RESPONSIBILITIES

2.1 The Co-Managing Director Business Services is responsible for the control of non-conformity/non-compliance but allocates day to day responsibility to the Quality Manager for such actions.

3.0 OBJECTIVES

3.1 To ensure that all identified or potential non-conformities/non-compliances and any resultant corrective/preventive actions are dealt with in a consistent manner leading to improvements in the Quality Management System and thus customer satisfaction.

4.0 DEFINITIIONS

4.1 The following definitions (for Non-Conformity and for Corrective and Preventive Actions) are to be found within the latest edition of ISO 9000; and are therefore intended to be interpreted as described in that standard (which is a Normative Reference within the latest edition of ISO 9001):

a) Non-Conformity: is defined in ISO 9000 section 3.6.2 as:

"The non-fulfilment of a requirement"

Which can therefore relate to a customer specified requirement, a company specified requirement, a requirement stated in any relevant Standard or Specification, or any requirement specified within the Company's documented QMS etc.

b) Preventive Action: is defined in ISO 9001 section 3.6.4 as:

"Action taken to eliminate the cause of a potential nonconformity or other undesirable potential situation"

c) Corrective Action: is defined in ISO 9001 section 3.6.5 as:

"Action taken to eliminate the cause of a detected nonconformity or other undesirable situation"

4.2 There is no definition for a "Non-Compliance" within ISO 9000. However, it is generally accepted that a Non-Compliance is:

"The non-fulfilment of a legal, statutory or regulatory requirement"

5.0 GENERAL

5.1 Non-Conformities and Non-Compliances can arise within the organisation in any of the following areas, but may not be limited to:

a) Goods or services supplied by suppliers for examination or training purposes.
b) Quality Management or other system deficiencies - normally identified by internal audit.
c) Customer Complaints and other feedback mechanisms.
d) Non-Conformities/Non-Compliances found during the delivery of Company products and/or services (i.e. the supply of books and other publications or the services of examination and/or training of NDT personnel etc.).
e) Non-Conformities/Non-Compliances found during the provision of external consultancy services. (See QP10).
f) Non-Conformities/Non-Compliances identified by external audit (by our Customers and/or our Approval/Accreditation Lead Bodies etc.).
g) Analysis of training student/examination candidate feedback forms (QD 40).
h) Review and analysis of examination results and portfolios etc.
i) Health & Safety Risk Assessments.

6.0 ITEMS REJECTED AT GOODS INWARD

6.1 Company suite of procedures QP2, QP2A and QP2B identify how goods are inspected on receipt and how they should be dealt with if they do not conform to specified requirements.

7.0 PRODUCT/SERVICE NON-CONFORMITIES

7.1 If during normal processing activities situations are identified which do not meet Company requirements, our Approval or Accreditation needs and/or Customer specified requirements etc., the relevant Non-Conformity/Non-Compliance should be immediately brought to the attention of the Quality Manager and the relevant Director and/or Executive Manager who will take appropriate action.

Examples of such incidences may include, but not be limited to:

- Breach of confidentiality
- Examination error (see QP4)
- Equipment failure (see QP7)
- Incomplete documentation (see section 12)
- Incomplete portfolios (see section 12)

7.2 Any non-conformities relating to Health and Safety will be dealt with in accordance with QP5 suite of documents.

7.3 The relevant Director and/or Executive Manager, together with the Quality Manager, will be responsible for the compilation of the applicable Customer Complaint/Non-Conformance Report (see also section 9.0) and any necessary corrective actions to resolve all such identified problems in a timely manner.

8.0 QUALITY MANAGEMENT SYSTEM NON-CONFORMITIES

8.1 Non-Conformities/Non-Compliances identified during the process of internal audit are dealt with in as per Quality Procedure 8. These shall be identified on the Audit Summary page (QD 36) of the resultant Audit Report and the individual NCR Report Form (QD 01) together with any identified root causes and the identified time-scale to complete corrective action.

8.2 Non-Conformities/Non-Compliances found during the process of PCN/BINDT external audit are identified on the external auditor's report and filed by the Quality Manager in the External Audit file. Corrective actions are submitted to the auditor for approval and acceptance and monitored by the Quality Manager for effective implementation and closure. The normal acceptable time scale for implementation is 3 months but in the event that extended actions are necessary we may apply for a concession.

8.3 Non-Conformities/Non-Compliances found during customer and other external audits are identified on the external auditor's report and filed by the Quality Manager in the External Audit file. Corrective actions are monitored by the Quality Manager for effective implementation and closure and are generally reviewed at the next external audit.

8.4 All internal and external audit findings and their respective corrective actions are detailed in the annual Management Review (see QP 8).

9.0 CUSTOMER COMPLAINTS

9.1 All complaints arising in all locations, whether against examination/training or the supply of faulty goods (i.e. books and other publications etc.), must be directed to the Quality Manager and relevant Director and/or Executive Manager who is responsible for all activities associated with the complaint.

9.2 All associated documentation relating to the complaint must be directed to the Quality Manager and relevant Director and/or Executive Manager who will assign someone to investigate the complaint.

9.3 Each complaint will be given a unique reference number which will be recorded on the Customer Complaint/Nonconformity List (QD 14) and a Customer Complaint/Non-conformance Record (QD 112) will be issued to record the investigation of the root cause, the validity of each complaint and to assign suitable corrective action to resolve each reported circumstance.

9.4 Where an investigation of the complaint leads to the identification of a valid complaint related to any applicable PCN requirements, the Quality Manager/PCN Coordinator will take appropriate timely actions to correct the situation and report the situation (and all corrective/ preventive actions that are implemented to resolve them) to PCN during external audits by BINDT/PCN as part of the audit process or, if considered serious enough to impact on the PCN/BINDT system, they will be reported immediately. All records of customer complaints will be made available to PCN/BINDT on request.

9.5 The Directors and/or Executive Manager, together with the Quality Manager, are responsible for the final outcome on all customer complaints and for informing the complainant of the findings, the final outcome and all agreed Corrective and Preventive Actions taken to satisfactorily resolve them.

9.6 It is the policy of this company to handle all complaints received from any Customer and/or Consumer/Stakeholder in line with the Nine (9) Guiding Principles of the latest edition of ISO 10002.

9.7 In order to achieve this the following nine (9) requirements shall be observed:

- **Visibility –** Information about how and where to complain about any aspect of our processes will be well publicised to all stakeholders (i.e. customers, our own personnel and to all other interested parties).

- **Accessibility** – our complaints management system will be accessible to all Customers and other Consumers/Stakeholders. This complaints policy, and details of how to make a complaint, will therefore be issued or referenced on our website. The website also directs customers to the complaints procedures for BINDT and BAC.

- **Responsiveness –** All received complaints will be promptly registered and acknowledged; and all complainants will be kept fully informed about the outcome of their complaint – including the agreement of and the application of appropriate Corrective and/or Preventive Action.

- **Objectivity –** Each complainant's input will be dealt with equitably, objectively and in an unbiased way.

- **Charges** (fees) – access to the complaints handling system will always be free from any charges or fees.

- **Confidentiality** – Identifiable information (which may be traceable to any individual or company) will always be treated in the strictest of confidence and be protected from any exposure to non-authorised personnel or from those without a legitimate need to know (in line with relevant Data Protection Legislation).

- **Customer/Stakeholder-focussed approach** – all complaints will be handled with the best interests of our customers and other stakeholders at heart.

- **Accountability** – lines of accountability for the prompt investigation and satisfactory closure of all received complaints will be identified within our documented procedures and processes.

- **Continual Improvement** – our one main driving objective in satisfying these nine (9) Guiding Principles - is to bring about continual improvements to all our processes including the complaints handling process itself, and thereby ensure satisfied customers and other consumers/stakeholders.

10.0 REPORTING OF NON-CONFORMITIES FOUND WITHIN PCN DOCUMENTATION

10.1 Any non-conformities found within PCN documentation are normally reported direct to PCN by the Quality Manager/PCN Co-ordinator by email and logged on form QD 278 (Log of NCRs re BINDT/PCN Documents).

11.0 ANALYSIS OF TRAINING STUDENT AND EXAMINATION CANDIDATE FEEDBACK FORMS

11.1 All training students and examination candidates attending all Training Centres for courses and examinations are given a Student/Candidate Feedback Form (QD 40) to complete. These are also available for completion on-line via the company website. All completed and returned feedback forms are reviewed by the Co-Managing Director Business Services. All issues raised on these forms are acted upon when it is considered necessary.

11.2 Completed feedback forms from Australia and the USA branches are emailed to the Quality Assistant at the end of each course by the Office Manager.

11.3 Relevant information is recorded by the Quality Assistant on a dedicated database for analysis purposes. The data from completed feedback forms enables analysis of trends by location, course, tutor, the booking process, training packages and facilities. This information is reviewed at the monthly Quality Meeting and annual Management Review. If any trends are recorded, these are investigated by an appropriate person and acted upon where necessary. Information is also extracted by the Marketing Manager for marketing purposes.

12.0 REVIEW AND ANALYSIS OF TRAINING AND EXAMINATION RESULTS AND PORTFOLIOS

12.1 All training and examination portfolios are reviewed by the Quality Assistant prior to processing by the Admin Department to determine the completeness of the contents and the information recorded on the portfolio itself. Incomplete portfolios are returned to the appropriate NDT tutor for completion. All Non-Conformities/non-Compliances are recorded on a database and reviewed by the Quality Manager and the Co-Managing Director at the monthly Quality Meeting and Annual Management Review. All identified Non-Conformities/ Non-Compliances are dealt with immediately.

12.2 A statistical review is carried out annually on examination results comparing the pass and fail rates by method and location. These are reviewed at the annual Management Review. If any trends are apparent then these are brought to the attention of the Chief Examiner or his Deputy - for further review and the potential need to take appropriate Corrective and Preventive actions.

12.3 Statistics are also recorded from student/candidate feedback forms and reviewed at the monthly Quality Meeting and annual Management Review. If any trends are apparent then these are brought to the attention of the Co-Managing Director Business Services - for further review and the potential need to take appropriate Corrective and Preventive actions.

12.4 A record is also maintained of NCRs regarding the completion of portfolios and a combined monthly report produced covering both completion of portfolios and review of feedback forms. These are reviewed at the monthly Quality Meeting and annual Management Review. If any trends are apparent then these are brought to the attention of the Co-Managing Director Business Services for further review and the potential need to take appropriate Corrective and Preventive actions. At the end of each month individual reports are also sent to the NDT tutors detailing any NCRs recorded against them.

12.5 NDT tutors are recalled by the Quality function to correct any NCRs prior to the portfolio being passed to the Admin Department for processing.

13.0 PREVENTIVE ACTION

13.1 All Non-conformities/Non-Compliances are reviewed by the Quality Manager. If any underlying problems or trends are identified that could affect other similar processes to those where these have been identified then the Quality Manager shall report these to the Co-Managing Director Business Services for review and if necessary implement preventive action to eliminate the potential cause and prevent future occurrence and thus improve the quality of the organisation.

14.0 CORRECTIVE ACTION

14.1 Corrective action is normally by elimination of the cause of the identified Non-Conformity/Non-Compliance once the root cause has been determined.

14.2 When any Non-Conformity/Non Compliance has been identified, the Quality Manager shall be responsible for determining the root cause of the problem and in particular whether there is an underlying problem in the Quality Management System.

14.3 Corrective action shall be determined and agreed, not only to satisfy the immediate problem but also to put into place controls necessary to correct the underlying problem, if necessary, and to aim to prevent any further occurrence of such problems.

14.4 Result of actions taken shall be indicated on the relevant Non-Conformity/ Non-Compliance Report records or audit report or as otherwise directed in earlier sections of this procedure.

14.5 Verification of the corrective action is reviewed on an ongoing basis to determine that the actions taken have been sufficient to wholly resolve the matter that gave rise to each problem (i.e. in the case of Non-Conformities/ Non-Compliances identified during the completion of any internal or external audits then the effectiveness of the implemented corrective action will normally be reviewed at the next audit of this process).

14.6 Effective implementation of corrective actions will be monitored at the annual Management Review meeting and each monthly Quality Meeting.