MANAGEMENT OF NON-CONFORMITY PROCEDURE

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1.0 INTRODUCTION

This procedure describes the steps to be taken when a nonconformity is found within the Integrated Management System (IMS). A nonconformity is defined by ISO as the “non-fulfilment of a requirement”.

This is a wide definition which basically means that the IMS is not succeeding in its purpose, which is to fulfill the quality requirements of the organization. A nonconformity may arise for many reasons, in many forms and from many different sources. The purpose of this procedure is to ensure that they are recorded when they are identified and that the appropriate steps are taken to ensure that the immediate and wider actual and potential impacts of the nonconformity are addressed.

In addition to internal and external audits, nonconformities may be identified from the day-to-day performance of procedures, management meetings, and communication with suppliers, customers, and other interested parties.

To understand the purpose and objectives of the IMS, the following documents may be referenced:

a) MS Context, Requirements, and Scope
b) Integrated Management System (IMS) Policy

Procedures that may be outside of this scope but related include:

- FP-HRM-PRO-04 Complaints Handling Procedure
- MP-CRP-PRO-07 Control of Documented Information Procedure
- MP-CRP-PRO-16 Customer-Related Process
- MP-HSE-PRO-05 Incident and Accident Investigation Procedure
2.0 REQUIREMENTS

In compliance with Integrated Management System (IMS) Organizational Chart (ISO Steering Committee) as maintained on the EDMS, and guided by:

ISO 9001:2015 Quality Management System
ISO 14001:2015 Environmental Management System
ISO 45001:2018 Occupational Health and Safety Management System
3.0 ACRONYMS AND DEFINITIONS

IMS    Integrated Management System
ISO    International Organization for Standardization
RBT    Risk-Based Thinking
4.0 PROCEDURE

Identifying nonconformities

Nonconformities may be identified from any source and the Corrective Actions Coordinator will encourage staff, users, customers, and suppliers to propose ways in which they can be addressed.

Such nonconformities may be identified from:

a) Business process reviews
b) Team meetings
c) Supplier meetings
d) Risk assessments
e) User surveys
f) Internal and external audits

However, the above is not an exhaustive list.

4.1 ADD TO NONCONFORMITY AND CORRECTIVE ACTION LOG

Once identified, the nonconformity will be documented within the Nonconformity and Corrective Action Log FF-HSE-FRM-01 with a status of “Open”. At this stage the action to correct the nonconformity has not necessarily been determined. As much detail as possible should be specified as to the exact nature of the nonconformity. The Incident/Accident Investigation and Reporting FF-HSE-FRM-10 are used to record any incident or accident that is to be investigated and reported.

4.2 REACT TO THE NONCONFORMITY

If action needs to be taken to address the nonconformity immediately then this should be done without delay. This may be to fix it, stop it from getting worse or to reduce its effects until further action may be taken. Appropriate resources should be allocated to addressing the nonconformity depending on the current assessment of its seriousness. The function required to take action on nonconformities will be determined by the General Manager.

Actions taken should be recorded in the action log, with dates.

4.3 CAUSE DETERMINATION

Once logged and initial reactive actions put in place, the nonconformity will be evaluated to assess its underlying cause i.e., why it has arisen. Other parties may be consulted during this stage to understand the
mechanism and events leading to the nonconformity. The investigation team may comprise the Corrective Action Coordinator and QHSE or any other function as determined by the General Manager.

The identified cause should be recorded in the action log with as much description as appropriate. For any complaints that have to be forwarded to the appropriate functional personnel, the Complaints Record Form FF-HSE-FRM-02 is used.
4.4 ASSESS POTENTIAL IMPACT

Once the cause is understood, a review should be undertaken to assess whether similar nonconformities already exist elsewhere within the IMS and whether they could potentially arise in the future.

The findings of this review should be recorded in the action log.

4.5 IMPLEMENT CORRECTIVE ACTION

Once the cause and real or potential impact has been established, appropriate corrective action should be identified to address both the current situation and potential future impact of the nonconformity. The expected benefits of correcting the nonconformity should be enough to justify the resources required to achieve the corrective action.

The details of the corrective action to be taken should be recorded in the action log, along with the timescale and person responsible. Dated progress updates should also be added when appropriate.

Once corrective action has been completed the status of the nonconformity record within the Nonconformity and Corrective Action Log should be updated to “Review Pending” and the date of closure recorded. The Corrective Action and Preventive Action Form FF-HSE-FRM-01 is used to capture details of a Corrective and/or Preventive Action.

4.6 REVIEW EFFECTIVENESS OF CORRECTIVE ACTION

After a reasonable time (which will depend on the nature of the nonconformity and the corrective action) the effectiveness of the corrective action should be reviewed to assess whether it has fixed the issue, including its actual and potential impacts.

If the benefits expected are not achieved, the reasons for this will be investigated as part of the regular management review meeting.

If successful, the date and results of the review will be recorded, and the status of the nonconformity will be updated to “Closed”.

4.7 AMEND THE MANAGEMENT SYSTEM IF NECESSARY

If the nonconformity is judged to have occurred due to a fault in the IMS, it may be necessary to amend the IMS itself, including any relevant policies, procedures, and forms. This should be done with the agreement of top management.
5.0 RECORDS

All relevant documents and records referenced in the procedure are kept according to the Records Lifecycle requirements in the Control of Documented Information procedure MP-CRP-PRO-07.

6.0 REFERENCES

FF-HSE-FRM-01 Corrective Action and Preventive Action Form
FF-HSE-FRM-02 Complaints Record Form
FF-HSE-FRM-10 Incident/Accident Investigation and Reporting
FF-HSE-FRM-27 Corrective Action and Preventive Action Register
FP-HRM-PRO-01 Complaints Handling Procedure
MP-CRP-PRO-07 Control of Documented Information Procedure
MP-CRP-PRO-16 Customer-Related Process
MP-HSE-PRO-05 Incident and Accident Investigation Procedure
# 7.0 REVISION LOG

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