1.0 Scope

This procedure is applicable to all products/materials, process and system non-conformances including customer feedbacks/complaints and unmet quality objectives' targets.

2.0 Objective

To establish and maintain documented Control of Non-conformance and Corrective Action procedures to ensure effective implementation of the actions.

3.0 Reference Documents

ISO 9001:2015	- Quality Management System Requirements
URS	- Quality Manual
URS-OP-IS-DCC-I(PM)-2017-01	- Control of Documented Information

4.0 Procedure

4.1 All non-conformances detected as a result of defective product/material, unmet goals/ objectives and targets, customer complaints, unsatisfactory results of customer survey, audit findings and service related non-conformances, must be recorded and identified. Investigation of the cause must define the nature and extent of the non-conformance.

4.2 Any affected personnel upon observance of a non-conformance as stated in item 4.1can raise a Non-conformance Report or inform any member of the involved department about the non-conformance observed.

4.3 The involved department shall record the non-conformance into the Non-Conformity and Corrective Action Report (NCAR) form URS-OP-IS-ISC-F-2017-0004.

4.4 For product or material he/she shall identify and segregate the non-conforming product/material and dispose as follows:

a) Condemned or
b) Reject and return to supplier

4.5 Disposition must be reviewed, agreed and implementation must be verified through inspection and/or test as applicable. Records of accepted non-conforming product or material must be recorded.

4.6 Correction and Corrective Action

4.6.1 Correction shall be taken to eliminate a detected nonconformity. This can be made in conjunction with corrective action.

4.6.2 Corrective action shall be taken to eliminate the cause of a detected nonconformity to prevent the non-conformity recurrence. This can be initiated by any staff responsible for the non-conformance/s as a result described in item 4.1.

4.6.3 The department concerned of the non-conformance shall be responsible for the timely investigation on the probable root cause of the problem, the formulation of

correction as necessary and implementation of corrective action needed to eliminate its recurrence. Application of controls to ensure the effectiveness of the action taken shall be determined. These shall be recorded in the Non-conformance, Corrective/Preventive Action Report (NCPAR).

4.7 Customer Complaints

4.7.1 Any report or feedback from the customer which is treated as complaint shall be handled by the ISO Command Center, and shall be recorded through the Non-conformance, Corrective/Preventive Action Report (NCPAR).

4.8 Verification

4.8.1 Corrective and preventive actions implemented shall be logged by the assigned personnel in the corrective and preventive action monitoring and will be monitored and regularly updated to verify its effectiveness.
Refer to item 4.7

4.8.2 The Quality Management Representative or the Department head shall approve the verification.

4.8.3 All necessary changes brought about by the implementation shall be reflected in the affected documented procedure or relevant work instructions as applicable.

5.0 Records

Records are filed and maintained as per control of documents and records procedure - URS-OP-IS-DCC-I(PM)-2017-01.

6.0 Appendices

URS-OP-IS-ISC-F-2017-0004 : Non-Conformity and Corrective Action Report (NCAR)

NON-CONFORMITY and CORRECTIVE ACTION REPORT (NCAR)

NCAR No.: Date:

Unit:	**Section Clause No. (for IQA only):**
1. Details: *Non-conformity raised as a result of:* [ ] Material, Product or Equipment [ ] Customer Complaints [ ] Internal Quality Audit [ ] Clientele Satisfaction Survey	[ ] Unmet Quality Objectives [ ] Service Non-conformity [ ] Improvement [ ] Others
2. Description of: [ ] Non-Conformity	[ ] Improvement
Detected by:	Date:
3. Disposition: [Applicable for Material/Product or Equipment only] [ ] Rework/Repair [ ] Reject & return to supplier	[ ] Use as is [ ] Other [ ] N/A
Proposed by:	Date:
4. [ ] **Correction (Immediate Action):**	**[ ] Not Applicable**
Responsible Person/s:	Date:
5. Root Cause Analysis: [ ] Non-conformity	
Investigated by:	Date:
6. [ ] **Corrective Action**:	[ ] **Improvement:**
Responsible:	Date
7. Follow-up Implementation of Action: [ ] Satisfactory Remarks: Name & Signature:	[ ] Not satisfactory Date:
8. Verification on the effectiveness of action: To be completed by the ISO Chairperson or Unit Head [ ] Satisfactory Remarks: Verified by _____ Print Name	[ ] Not satisfactory (issue new NCAR) _____ Signature _____ Date