Approval and Authorization

Completion of the following signature blocks signifies the review and approval of this Document.

Name	Job Title / Role	Signature	Date
Authored by	**CASE OFFICER TESTING AND CALIBRATION**	Approved	05/04/2015
Checked by	**ASSISTANT DIRECTOR INSPECTION AND VERIFICATION**	Approved	05/04/2015
Approved by	**DEPUTY DIRECTOR TECHNICAL SERVICES**	Approved	05/04/2015

Periodic Review Approval and Authorization

Completion of the following signature blocks signifies the review and approval of this Document.

Required by: *(04/2018)*

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1 OVERVIEW CONTENT

1.1 Process Overview

This operating procedure (OP) defines authorities, procedures and responsibilities for investigating and eliminating actual management system nonconformities. This applies to all processes within KENAS and is used for identifying the root Cause(s) of non conformities, identifying appropriate corrective ad preventive actions (including modifying or creating procedures and work practices).

1.2 Purpose

This procedure describes how KENAS shall control any non-conformity identified in its entire activities and take actions to eliminate the causes of the non-conformities in order to prevent recurrence.

1.3 Scope

This procedure applies to the control of all non-conformities whenever they occur within KENAS activities and operations.

1.4 Role(s) and Responsibility

Role	Responsibility
MR	• Has the overall responsibility for ensuring that this procedure remains suitable for its intended use
All Staff	• Ensure that the procedure is followed and notification of any non conformities of potential non conformities

2 DEFINITIONS / ABBREVIATIONS

The table below defines new or changed terms that are included in or associated with this process.

Term	Definition
Non Conformities	Any operation or activity that does not meet KENAS pre-determined requirements or non-compliance to statutory requirements.
Preventive Action	The action taken to eliminate the cause of potential non conformity or other undesirable potential situation. Preventive action is a pro-active process for identifying opportunities for improvement rather than a reaction to the identification of problems or complaints.
Corrective Action	The action taken to eliminate the cause of a detected non-conformity or other undesirable situation.

Effectiveness	The measure of the ability of the implemented corrective action to objectively demonstrate successful elimination of the identified root cause. Effectiveness checks shall also be defined to establish that the original issue identified was eliminated or reduced to acceptable levels.

3 PROCESS INSTRUCTIONS

3.1 Identification of non-conformities

3.1.1 Non Conformities may emanate from KENAS processes and activities that include the following:-

3.1.1.1 Complaints

3.1.1.2 Internal Audits

3.1.1.3 Peer evaluation of KENAS activities

3.1.1.4 Management reviews

3.1.1.5 Statutory audits

3.1.2 If possible, actions to address compliance deficiencies shall be taken by KENAS staff at the time the non-compliance is identified in order to bring the process back into a state of compliance.

3.1.3 If noncompliance or management system nonconformity is identified and the MR is not part of the discovery process the person(s) making the discovery shall notify the MR as soon as possible whether or not the deficiency was corrected.

3.1.4 The MR shall initiate the corrective action process. This process may proceed formally as described in the remaining steps of this procedure or the MR may opt to document the deficiency and the decision not to proceed formally. If the MR determines that the formal process should go forward, the detailed process flow as indicated in Q-pulse will ensue. By an individual or a team assigned / or appropriate to investigate and come up with an appropriate action plan.

3.1.5 Where there is a potential non-conformity the organizational elements with a stake or interest will be consulted to identify actions to be taken to minimize or eliminate the possibility of this happening through the risk assessment process.

3.1.6 The responsible person for the actions identified through the investigation process or the risk management process shall ensure that all actions are

completed, and documented into the Q-pulse template for corrective actions and in the risk management template for the potential non conformities which shall be treated as risks.

3.1.7 Corrective actions shall be followed up for closure within three months and for effectiveness within the internal audit cycle, while potential non conformities captured on the risk register shall be reviewed at the risk management meeting biannually.

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4 REFERENCE AND RELATED DOCUMENTS

Ref	Document Identifier	Document Title
1.	ISO 9000	Quality Management systems –Fundamentals and vocabulary
2.	ISO 9001	Quality Management systems - Requirements
3.	ISO/IEC 17000	Conformity Assessment – General Vocabulary
4.	ISO/IEC 17011	Conformity Assessment-General requirements for accreditation bodies accrediting conformity assessment bodies
5.	KENAS-QM-MAN-001	KENAS Quality Manual
6.	KENAS-TS-F-010	Corrective Action Request Form (CAR) / equivalent template on Q-pulse

5 PROCEDURE TRAINING/AWARENESS

Staff performing one or more of the roles specified in this procedure and other new or revised procedures shall be informed of the existence of this procedure. A period not more than one month shall be allocated between the issue date and effective date to facilitate such notification or awareness.

6 REVISION HISTORY

Date	Ver	Revised By	Reason For Revision
02/02/2012	01	ADHS	• Initial on the new numbering system, supersedes KENAS-OP-05
05/04/2015	02	COTC	• Incorporate Q pulse requirements • Amend corrective action closure period from one month to three months based on Management review resolution.