|  |
| --- |
| **INTEGRATED SYSTEM PROCEDURE**  NONCONFORMANCE, CORRECTIVE ACTION |

|  |  |  |  |
| --- | --- | --- | --- |
| **Author** | | | |
| Name: Ali Raza Gohar | |  | **Signature** |
| Designation: Compliance Coordinator | |  |
| Date: 02-11-2020 | |  |
| **Review** | | | |
| Name: Ayesha Khalid | |  | **Signature** |
| Designation: Compliance Head | |  |
| Date: 02-11-2020 | |  |
| **Approval** | | | |
| Name: Ahsan Abid | Designation: GM Unit-1  Date: 02-11-2020 |  | **Signature** |
| Name: Shahid Sultan Butt | Designation: GM Unit-2  Date: 02-11-2020 |  |  |
|  |  |  |

1. **Purpose**

The purpose of this document is;

* 1. To provide a system for continual improvement in the integrated management system by implementing corrective actions
  2. To provide guidelines on root cause of raised non-conformance
  3. Take appropriate corrective actions to control non-conforming situations/products and services

1. **Scope**

This procedure is applicable to all the functions in Bin Rasheed Colors &Chemicals & Pakistan coating chemical that suggests improvement(s) in the system and implement corrections and corrective/preventive actions for continual improvement in the Integrated Management System.

1. **Responsibility**
   1. Compliance team
   2. Head of Departments (HODs)
2. **Procedure**
   1. **Initiating Corrective Actions**

Corrective actions are taken to eliminate the causes of non-conformities to prevent their recurrence. All persons working at Bin Rasheed Colors & Chemicals & Pakistan coating chemicals have the right to identify and report any practice deviating from the defined policies, procedures or customer/ product specifications to their immediate supervisor. Corrective actions may be initiated in the following cases:

1. System / process non-conformity or problems
2. Environmental issues such as air emissions, effluents etc.
3. Health & Safety issues such as hazards, PPEs etc.
4. Non-compliance identified during an internal or external audit
5. Room of improvement in processing techniques
   1. **Requesting and Processing CPA**
      1. Any person in the company can initiate corrective actions by filling in the Corrective plan & Action Request (CPAR) form online on web portal or in hard form. The request contains a description of the persistent unsatisfactory condition that needs to be corrected. It should be previously discussed with the person responsible for the area where the condition occurred.
      2. In case of hard form, filled CPA is then put into CPA/Suggestion box, or fills online on web portal from where compliance team will discuss it with concerned HOD. After approval by compliance team, CPA is assigned to a responsible person for root-cause analysis and recommendation of corrective actions to be taken.
      3. The assignee investigates the causes of the problem that initiated in the CPA. The investigation process includes:
6. Interviewing the concerned personnel and gather their views about the possible causes of non-conformities/issues
7. Observing and examining the concerned processes and related documented information
8. If appropriate, make use of scientific techniques (like cause and effect, SPC, Pareto etc.) to determine root causes
   * 1. The assignee, then, proposes a corrective action to be taken and indicates the date by which the corrective action shall be fully implemented.
   1. **Implementation of Corrective Action**

When a corrective action is decided upon, it is implemented and the results are closely monitored by staff of concerned department and reported to compliance team. Further measures or changes in the measures may have to be made until satisfactory results are attained. The magnitude of corrective action depends on the nature of non-conformity and its effect on the quality of product / process.

* 1. **Verification of Corrective Action**

On, or immediately after, the due date of implementation of a corrective action, careful analysis of data provided by concerned department will be done by compliance team. When there is objective evidence that the corrective action is effective, the CPA can be closed out. If more work is needed to fully implement the action, a new follow up date is agreed upon.

When the corrective measures are found to be effective, they are incorporated in the integrated management system by making suitable changes in the relevant documents such as specifications, operating procedures, work instructions and integrated system procedures.

* 1. **Corrective Plan**

Corrective actions are taken to eliminate any potential causes of non-conformity/Issue. The objective is to provide a mean for detecting any variation in processes, work standards and systems, health safety and environmental issues and thus to prevent the occurrence of a non-conformity.

The need for plan to prevent reoccurrence is brought out by analysis of the following information:

1. Data on product and process trends
2. Customer feedback
3. Inspection and test documented information
   1. **Management Review meetings**

Status of corrective actions is presented as input to management review meetings. Compliance team compiles the status of corrective actions in the report and submits it in the management review.

* 1. **Suggestions/Improvement from Employees**
     1. All personnel are encouraged to identify opportunities for improvement in the integrated management system related to his work function. The improvements may be identified in the following manner;

1. Quality, Environmental, Health & Safety performance improvements
2. Initiating corrective actions on problems/NCs
3. Suggesting corrective plan on potential non-conformities/problems
4. Giving suggestions for any other improvements
   * 1. Any person can give suggestion by filling in the CPA form online on web portal or in hard form. The CPA form is signed by the initiator and put into CPA/Suggestion Box or sent to Compliance team by online portal who sends it to the concerned after review.
     2. In case the suggestion is rejected, the reason for its rejection is given on the CPA form and the suggested person is informed by the concerned head. In case the suggestion is approved, it is intimated also intimated to initiator.
     3. After approval of suggestion, the concerned head assigns the responsible person and target date for implementation of suggestion.
     4. Concerned HOD is responsible for informing about the results of implementing the suggestion. When it is verified by compliance team that the suggestion has been effectively implemented, it is closed.
   1. **Control of Non conforming Outcomes**

Nonconforming outcome is defined as finished goods or in process product which is not fulfilling customer/standard requirement due to any deviation from relevant work standards, practices, procedures, human or instrument error etc.

*Note: Outcomes of lab or production trials is not falling in category of NC material.*

Any nonconforming outcome must be identified, controlled and appropriate actions should be taken to eliminate the impact of nonconformance. Any nonconformance identified in the system must be reported.

* + 1. **Identification & Segregation of Non-Conforming Product**

The shift in-charge of concern department/section with liaison of QC/Lab staff is responsible for identification and segregation of the non-conforming product(s)/in-process products, in such a manner to avoid any mix up of the products / materials.

* + 1. **Non-Conformance Report (NCR)**

QC/Lab staff will highlight the type of defect and provide its detail with disposition instructions to relevant section/department in form of NCR. Relevant section/department will perform root cause analysis against this NC and will propose to take corrective actions accordingly. After this, Lab head/QC head will evaluate the effectiveness of actions taken by relevant section/department. If actions taken are satisfactory, report will be closed.

1. **Associated Documented information**
   1. Corrective plan & action(CPA) Form
   2. Non-Conformance Report

**Amendment History Record**

| **Rev. #** | **Section** | **Amended Text** |
| --- | --- | --- |
| 1 | 4.1 | * ~~Customer feedback including customer complaints~~ * ~~Product non-conformity~~ * ~~Non-conforming deliveries from External Providers~~ * ~~Risk Anticipation & management program~~ |
| 4.2 | * (CPAR) form online on web portal or in hard form. * ~~Examining the supplier and his supplies(where required)~~ |
| 4.5 | * ~~Performance reviews of External Providers~~ |
| 4.7 | * ~~Customer complaints~~ |
| 4.8 | * Nonconforming outcome is defined as finished goods or in process product which is not fulfilling customer/standard requirement due to any deviation from relevant work standards, practices, procedures, human or instrument error etc. * Note: Outcomes of lab or production trials is not falling in category of NC outcomes |
| 4.8.1 | * ~~Identification of Non-Conforming Product~~ |
| 4.8.4 | * ~~Disposition of Rejected (Raw Materials/Packaging Materials)~~ |
| 4.8.5 | * ~~Disposition of Rejected Products and services (In-process and Finished Product)~~ |