Republic of the Philippines

**SORSOGON STATE UNIVERSITY**

*Magsaysay Street, Salog (Pob.), Sorsogon City, Sorsogon*

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| **REQUEST FOR ACTION** | | | | | | | | | | | RFA Ref. No. (Auditor)  {{rfa\_ref\_no}} |
| Date Issued  {{rfa\_date\_issued}} |
| **PART 1: What is wrong?** | | | | | | **NON-CONFORMITY (NC) DATA** | | | | | |
| Originator’s Name/ID No.  {{originators\_name\_id\_no}} | | | Unit/Department {{unit\_department}} | | | | | Phone  {{phone}} | | | 1. mail   {{email}} |
| This RFA is intended to:  {{rfa\_intended\_to}} | | | | | | | | Department (where NC exists)  {{department\_nc\_exists}} | | | |
| Description of the Non-Conformance | | {{description\_of\_nonconformance\_category}} | | | | | | | | | |
| **DESCRIPTION OF NON-CONFORMANCE** (Existing or potential; specify the objective evidence).  {{description\_of\_nonconformance}}. | | | | | | | | | | | ISO Clause / Reference:  {{iso\_clause\_ref}} |
| Category (Major/Minor): {{category}} |
| **Immediate Action/Correction:**  {{immediate\_action\_correction}} | | | | | | | | | | | Acknowledged by:  {{acknowledged\_by}} |
| Date  {{acknowledged\_date}} |
| **PART 2: What is the root cause?** | | | | | | **CAUSE ANALYSIS DATA** | | | | | |
| **CAUSE OF NON-CONFORMANCE** Note: Attach copy (if necessary) of root cause analysis.  {{cause\_of\_nonconformance}} | | | | | | | | | | | Date:  {{con\_date}} |
| Responsible Officer:  {{responsible\_officer}} |
| Estimated Close Out Date: {{estimated\_close\_out\_date}} |
| **PART 3 : What solutions can we formulate?** | | | | | | **SOLUTION DATA** | | | | | |
| **ACTION PLANS** | Note: Please use continuation sheet if necessary | | | | | | | | | | **CONFIRMATION OF EFFECTS**  **OF COUNTERMEASURES** |
| **Step-by-Step Activities** | | | **Responsible Person/Unit** | | | **Time Frame** | | | **Resources Needed** | **Result:** |
| {{step\_1\_by\_step\_act}} | | | {{step\_1\_rpu}} | | | {{step\_1\_tf}} | | | {{step\_1\_rn}} | {{step\_1\_result}} |
| {{step\_2\_by\_step\_act}} | | | {{step\_2\_rpu}} | | | {{step\_2\_tf}} | | | {{step\_2\_rn}} | {{step\_2\_result}} |
| {{step\_3\_by\_step\_act}} | | | {{step\_3\_rpu}} | | | {{step\_3\_tf}} | | | {{step\_3\_rn}} | {{step\_3\_result}} |
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| “I certify that the aforesaid action plans have been reviewed and authorized for implementation. I,  therefore, support the implementation of said action plans”. | | | | | Signature | | | |  | | |

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| Doc. Code: | **FM-QMS-010** | Effectivity: | **{{p1\_effectivity}}** |
| Revision No.: | **{{p1\_rev\_no}}** | Page No.: | **1 of 2** |