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)  Frank Andrade |
| Date Issued  2024-10-10 |
| **PART 1: What is wrong?** | | | | | | **NON-CONFORMITY (NC) DATA** | | | | | |
| Originator’s Name/ID No.  frank@gmail.com | | | Unit/Department 123 Main Street, NY | | | | | Phone  +1234567890 | | | 1. mail   rommelbailon00@gmail.com |
| This RFA is intended to:  To address the issue | | | | | | | | Department (where NC exists)  IT Department | | | |
| Description of the Non-Conformance | | Category of non-conformance | | | | | | | | | |
| **DESCRIPTION OF NON-CONFORMANCE** (Existing or potential; specify the objective evidence).  Non-conformance description here. | | | | | | | | | | | ISO Clause / Reference:  ISO 9001:2015 |
| Category (Major/Minor): Major |
| **Immediate Action/Correction:**  Immediate action description | | | | | | | | | | | Acknowledged by:  John Doe |
| Date  2023-10-25 |
| **PART 2: What is the root cause?** | | | | | | **CAUSE ANALYSIS DATA** | | | | | |
| **CAUSE OF NON-CONFORMANCE** Note: Attach copy (if necessary) of root cause analysis.  Root cause of non-conformance | | | | | | | | | | | Date:  2023-10-30 |
| Responsible Officer:  Jane Doe |
| Estimated Close Out Date: 2023-11-15 |
| **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 description | | | Unit 1 | | | 1 week | | | Resources 1 |  |
| Step 2 description | | | Unit 2 | | | 2 weeks | | | Resources 2 | Result 2 |
| Step 3 description | | | Unit 3 | | |  | | | Resources 3 | Result 3 |
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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: | **2023-10-25** |
| Revision No.: | **01** | Page No.: | **1 of 2** |

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|  | | | **REVIEW OF ACTION PLAN** | | | |
| **Accepted** | | | | | Reviewed by: | |
| Date: | |
| **PART 5: Have you followed up your**  **solution implementation?** | | | **FOLLOW UP** | | | |
| Status | | | | | Initials / Responsibility | Date |
| Ongoing | | | | | JD | 2023-11-05 |
| **PART 6: Were you able to establish the effectiveness of the implemented actions?** | | | **VERIFICATION** | | | |
| **Verification of Effectiveness of Implemented Actions** | | | | | | |
| No. of Visits | Date | Follow-up Audit Result (Objective Evidences) | | New Target Date | Status | |
| 2 | 2023-11-10 | Audit successful | | 2023-11-20 | Was Action Taken Effective?  Yes | |
| **PART 7: What is the current status of this**  **corrective/preventive action?** | | | **CLOSE OUT** | | | |
| Auditor | | | **Name**  **Jane Auditor** | | | **Date**  **2023-11-10** |
| Process Owner | | | **Name John ProcessOwner** | | | **Date 2023-11-15** |

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