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) |
| Date Issued |
| **PART 1: What is wrong?** | | | | | | **NON-CONFORMITY (NC) DATA** | | | | | |
| Originator’s Name/ID No. | | | Unit/Department | | | | | Phone | | | E-mail |
| This RFA is intended to:  correct a NC / eliminate source of non-conformance prevent a potential NC / mitigate risk For Improvement | | | | | | | | Department (where NC exists) | | | |
| Description of the Non-Conformance | | IQA-Related Supplier-Related 3rd Party Audit Related Process/Procedural-related Customer Satisfaction Related Relates to KPI/Quality Objective Review HRD-Related Others (Please Specify): | | | | | | | | | |
| **DESCRIPTION OF NON-CONFORMANCE** (Existing or potential; specify the objective evidence).  The number of serial numbers issued are less than the number of completers (650/678=95%). | | | | | | | | | | | ISO Clause / Reference: |
| Category (Major/Minor): |
| **Immediate Action/Correction:**  Prepare letter of request for additional serial numbers to CHED, duly attested by the CD and NSTP Director | | | | | | | | | | | Acknowledged by:  RICHARD G. RABULAN |
| Date |
| **PART 2: What is the root cause?** | | | | | | **CAUSE ANALYSIS DATA** | | | | | |
| **CAUSE OF NON-CONFORMANCE** Note: Attach copy (if necessary) of root cause analysis. | | | | | | | | | | | Date: |
| Responsible Officer: |
| 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:** |
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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: | **October 15, 2023** |
| Revision No.: | **01** | Page No.: | **1 of 2** |

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|  | | | **REVIEW OF ACTION PLAN** | | | |
| Accepted Not Accepted If not accepted, state reasons:  **(Effective) (Not Effective)** | | | | | Reviewed by: | |
| Date: | |
| **PART 5: Have you followed up your**  **solution implementation?** | | | **FOLLOW UP** | | | |
| Status | | | | | Initials / Responsibility | Date |
|  | | | | |  |  |
| **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 | |
|  |  |  | |  | Was Action Taken Effective?  Close (Effective) Close (Not Effective)  New RFA #: | |
| **PART 7: What is the current status of this**  **corrective/preventive action?** | | | **CLOSE OUT** | | | |
| Auditor | | | **Name** | | | **Date** |
| Process Owner | | | **Name** | | | **Date** |

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| Doc. Code: | **FM-QMS-010** | Effectivity: | **October 25, 2023** |
| Revision No.: | **01** | Page No.: | **2 of 2** |