




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NONCONFORMITY/CORRECTIVE ACTION FOR IMPROVEMENT REPORT (NCCAIR)

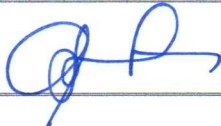
NC Reference No: _____
[/] Nonconforming Work
[] Internal Audit Findings

	Name	Signature	Date
Non-Conformity Initiator:	VANEZA T. DELA TORRE		September 27, 2023
Acknowledge Non-Conformity:	VANEZA T. DELA TORRE		September 27, 2023
Identify Correction, Consequence, Root Cause, Corrective Action	VANEZA T. DELA TORRE		September 27, 2023

DESCRIPTION OF NONCONFORMITY:
Deficit number of approved project proposal for the SETUP innovation-enabling fund:
1. The proposal was in progress, but at the last moment, the proponent withdrew their decision to proceed.
2. Another proposal was packaged, yet the submission was delayed due to proponents' requirements being submitted late, causing a delay in the approval process.

CORRECTION: Continual efforts have been made to follow up with the proponents regarding the submission of their necessary requirements.	CONSEQUENCE: 1. Unmet target 2. Poor customer satisfaction rating Address the Consequence? [/] Yes [] No If Yes, Actions: Notify the project proponents about the status of their project proposals through email, phone communication, and text messages.	ROOT CAUSE: 1. A request for equipment changes led to the proponent's withdrawal; 2. Challenges concerning the delivery of necessary documents for the proposal submission arose due to transportation delays or restricted accessibility, since the location is in Island.
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CORRECTIVE ACTION TO PREVENT RECURRENCE:
On time submission of project proposal to the Regional Office.

	Name	Signature	Date
Correction/Consequence/Root Cause/ Corrective Action Reviewed and Approved by:	MARIEL P. MAKINANO		September 27, 2023

Correction Implemented by: <u>VANEZA T. DELA TORRE</u> Signature over Printed Name Date of Completion: <u>10/02/23</u>	Correction Implementation Confirmed by: <u>MARIEL P. MAKINANO</u> Supervisor/PSTD Signature over Printed Name Date: <u>10/02/23</u>	Corrective Action Implemented by: <u>VANEZA T. DELA TORRE</u> Signature over Printed Name Date of Implemented: _____	Corrective Action Implementation Confirmed by: <u>MARIEL P. MAKINANO</u> Supervisor/PSTD Signature over Printed Name Date: _____
Similar nonconformities exist or could potentially occur? [/] Yes [/] No If yes, give details:			
Update Risk Register? [/] Yes [/] No Update Opportunity Register? [/] Yes [/] No If yes, give details:			
Need to Make Changes to QMS? [/] Yes [/] No If yes, give details:			

FOLLOW-UP ON THE EFFECTIVENESS OF CORRECTIVE ACTION		
1st FOLLOW-UP¹ CONDUCTED BY: (1 month from receipt of NC) <u>MARIEL P. MAKINANO</u> Signature over printed name Date: <u>10/27/23</u>	2nd FOLLOW-UP¹ CONDUCTED BY: (3 months from receipt of NC) <u>MARIEL P. MAKINANO</u> Signature over printed name Date: _____	3rd FOLLOW-UP¹ CONDUCTED BY: (6 months from receipt of NC) _____ Signature over printed name Date: _____
Remarks: <u>PACKAGED ANOTHER PROPOSAL.</u>	Remarks:	EFFECTIVE? [/] Yes [/] No

Note: Investigation of the cause of NC and determination of appropriate correction and corrective action, including its review and approval, must be completed within 7 working days upon receipt of NC.