CHUKA UNIVERSITY

GENERAL OPERATING PROCEDURE

FOR

CORRECTIVE ACTION
CU/GOP/CA/05

DOCUMENT REVIEW SHEET

	Name	Position	Date
Prepared By		**ISO Core Team**	**15.1.2018**
Reviewed By	**Prof. D. K. Isutsa**	**Management Representative**	**15.1.2018**
Approved By	**Prof. E. N. Njoka**	**Vice-Chancellor**	**15.3.2018**

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1. AMENDMENT RECORD

This Corrective Action procedure is reviewed regularly to ensure relevance to its functions. A record of contextual additions and/or deletions is given below:

AMENDMENT RECORD SHEET

DATE	ISSUE NO.	REVISION NO.	PAGE NO.	SUBJECT OF REVIEW / MODIFICATION	REVISED BY P	APPROVED BY

2. GENERAL

2.1 Purpose

The purpose of this procedure is to define requirements for the actions to be taken to eliminate the causes of non-conformities detected any time to prevent their recurrence in the University.

2.2 Scope

This procedure applies to the actions that are taken on non-conformities encountered during the day-to-day operations, and as a result of customer complaint.

It, however, does not cover action to be taken on potential non-conformities identified during the Internal Audits.

2.3 References

(1) ISO 9001:2015 Clause 10.2.
(2) CU Quality Manual
(3) CU Public Complaints Policy

2.4 Definitions And Abbreviations

In addition to the relevant common definitions of terms given in ISO 9000:2005, the following specific definitions shall apply:

Management responsibility: This is that part of the management that has direct responsibility for the Corrective Action.

Responsible management: This is the Department, unit or member of staff with direct responsibility for the Corrective Action to be undertaken.

AMR: Assistant Management Representative
CARF = Corrective Action Request Form
IA = Internal Auditing
MR: Management Representative

2.5 RESPONSIBILITY

2.5.1 Management Representative

2.5.1.1 The Management Representative is responsible for:

(i) Ensuring that this GOP is implemented and maintained and where appropriate improved.

(ii) Terminating the corrective action request matters, and

(iii)Implementing the required changes to documentation

In absence of the MR, the appointed AMR or Vice-Chancellor assumes these responsibilities.

2.5.2 Responsible Management

The Responsible Management is responsible for:

(i) Ensuring that corrective actions identified in their areas of jurisdiction are effected in a timely manner.

(ii) Ensuring that corrective measures are commensurate with the problems encountered, and

(iii) Verifying the effectiveness of the corrective measures.

2.5.3 All Staff

All staff members have the responsibility of identifying non-conformities including customer complaints brought to their attention and initiating corrective action by raising a corrective action request using the Corrective Action Request Form.

3. PROCEDURE

3.1 Identification and Recording of Non-Conformities

3.1.1 All customer complaints and non-conformities that are persistent and/or repetitive are recorded and processed in accordance with this procedure.

3.1.2 A non-conformity is recorded on the customer complaint form (Complainant Forms PC 1 or PC 2), depending on the stage of grievance, or in complaints registers in Departments. The forms were designed together with the Customer Complaints Policy.

3.1.3 Any member of staff who encounters a non-conformity or has a complaint may request for corrective action using Corrective Action Request Form ***(Ref: CU/MR/FORM/12).***

3.1.4 The Complaint Form PC1 and Complaint Form PC2 are lodged with the Chuka University Public Complaints Committee for further processing and presentation during Management Review Meetings.

3.1.5 The completed Corrective Action Request Forms are submitted to the Management Representative for registration and further processing.

3.2 Registration and Processing of a Corrective Action Request Form

3.2.1 The MR on receiving of a completed Corrective Action Request Form in duplicate:

(i) Identifies the Responsible Management for taking the corrective action.

(ii) Obtains the record date of completion of the corrective action for the CARF from the Responsible Management for taking the corrective action.

(iii)Registers the raised CARF.

(iv) Forwards a copy of the CARF to Responsible Management to take the corrective action

3.3 Investigation of the Causes of Non-conformity

3.3.1 Where the root cause of the non-conformity is not readily identifiable, the Responsible Management for taking the corrective action investigates the problem and identifies the root cause(s) and then establishes the corrective action to be undertaken.

3.3.2 The corrective action to be undertaken is recorded on Corrective Action Request Form.

3.4 Corrective Action

3.4.1. The person responsible for taking the corrective action takes timely corrective action.

3.4.2. Action taken must be completed on or before completion date.

3.4.3. Corrective action taken should, where appropriate, correct the non-conformity.

3.5 Verification

3.5.1 The person responsible for corrective action obtains the signature of the originator of the CARF and the Responsible Management before forwarding the completed CARF to the MR for closure.

3.5.2 The Responsible Management verifies the corrective action taken is effective.

3.5.3 The Responsible Management reviews the corrective action taken and where appropriate signs off the CARF.

3.6 Follow-up

3.6.1 The MR examines the corrective action register and identifies outstanding corrective action requests for follow-up.

3.6.2 On or before the date of completion of corrective action, the MR follows up with the Responsible Management for taking corrective action and ensures that the corrective action has been carried out and that all the verification signatures have been obtained.

3.6.3 The MR ensures that the root cause has been established to prevent the non-conformity from recurring.

3.6.4 The MR may go ahead and close the corrective action request form and update registers.

3.6.5 In situations where the corrective action has not been completed or action taken is not effective, then a supplementary CARF is raised assigning a new date for completion of the corrective action.

3.7 Reviewing non-conformities

3.7.1 The MR reviews the non-conformities to establish if they are still recurring.

3.7.2 The review also ensures that the corrective action taken is effective and addresses the **root cause** of the problem.

The ISHIKAWA or 5 WHYs analysis may be used to determine the root cause of a non-conformity. ISHIKAWA analysis determines whether: people, plant/materials, methods, or machinery/equipment caused the non-conformity. The 5 whys go deeper to get to the main cause of the problem.

3.8 Customer Complaints Handling

(i) Customer complaints are handled by Public Complaints Committee as per policy in place and Customer Care Office.

(ii) All customer complaints are recorded including details such as date of the complaint, customer name, nature of complaint, responsible persons for handling the complaint, date attended/resolved etc. The complaints are then forwarded to the relevant department to be handled and solved.

(iii) The concerned HOD takes suitable corrective action and records the details of the corrective action taken.

(iv) These complaints are analyzed by the relevant sections and a report prepared as required by the Head of Chuka University Public Complaints Committee.

(v) The consolidated report on the customer complaints and the corrective actions taken is presented in the Management Review Meeting by the Head of Chuka University Public Complaints Committee.

3.9 Summary Report

The MR prepares a summary report on outstanding non-conformities for presentation to the Management during the Management Review Meetings.

4. RECORDS

- Corrective Action Requests Forms (Ref: CU/MR/FORM/12)
- Corrective Action Requests register
- Summary reports from CARFs
- Customer complaints register
- Customer complaint reports

5. APPENDIX

CORRECTIVE ACTION REQUEST FORM (CARF)

(Ref: CU/MR/FORM/12)

DEPARTMENT: **PROCEDURE:**		**CAR NO.:**	**DATE:**
PROCESS REF.: **ISSUE NO.:**		**NAME OF DEPT. REPRESENTATIVE**	
REVISION NO.:		**SIGN. OF DEPT REPRESENTATIVE**	
NON-CONFORMITY IDENTIFIED: STATE IT HERE			
IDENTIFIED BY NAME:		**SIGN:**	**DATE:**
TO BE COMPLETED BY HOD	**ROOT CAUSE** (What failed in the process for this non-conformity to occur?) **Use ISHIKAWA or 5 WHY's method to ascertain the root cause** **SIGN.:** **DATE:**		
	PROPOSED CORRECTIVE ACTION (What can or will be done to solve & prevent recurrence?) (a) Taking action to eliminate the detected non-conformity e.g. reworks; (b) Authorizing its use, release or acceptance under concession by a relevant authority and where applicable by the customer; (c) Taking action to preclude its original intended use or application (e.g. by re-grading or blending and releasing as a different product); (d) Taking action appropriate to the effects, or potential effects, of the non-conformity if detected after delivery or use has started. This may include initiating a product recall/withdrawal. (e) Any other action…….		
	PROPOSED COMPLETION DATE	**ACTUAL COMPLETION DATE**	
M.R.'S CLEARANCE REPORT (Follow up comments): **OUTSTANDING NON-CONFORMITY:**			
ACCEPTED (Tick one) (EFFECTIVE)	**YES**	**NO**	
FINAL COMMENTS BY M.R.			

NB. To be used any time by any staff or stakeholder identifying a non-conformity or having a complaint. Submit two copies to the M.R.