Corrective and Preventive Actions Procedure

PR-005

Revision	Issue Date	Author	Reviewer	Approval
Revision 0	April 30, 2020		Ken Keith	
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Revision 1	October 22, 2020	RByrne	Ken Keith	Matthew Holmes
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Revision History

Revision Status	Revised Section (s)	Description of Revision	Reason for Revision
0	All	New Procedure	Original Document – Compliance with ISO 17024:2012
1	6.1.1	Added requirement for identifying and reporting potential nonconformances and taking preventive actions.	To ensure potential nonconformances are reported and preventive actions are taken.

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1. Purpose

The purpose of this procedure is to describe the process and methods used to identify and manage nonconformities within CMVA/ACVM quality management system. Also, to describe how preventive actions are taken to eliminate the causes of potential nonconformities.

2. Scope

This procedure applies to all processes within the quality management system implemented at CMVA/ ACVM. This procedure is intended to meet the requirements of the current version of ISO 17024 International Standard.

3. Definitions

ACVM – L'Association Canadienne en Vibrations de Machines

CMVA – Canadian Machinery Vibration Association

Appeal – Request by applicant, candidate or certified person for reconsideration of any decision made by the CMVA/ ACVM related to his/ her desired certification status. For CMVA/ ACVM an appeal can also include an appeal regarding membership or approval of training providers.

Complaint – Expression of dissatisfaction, other than appeal, by an individual or organization to CMVA/ ACVM, relating to the activities of CMVA/ ACVM or a certified person, where a response is expected.

Correction – Action to eliminate a detected nonconformity.

Corrective Action – Action to eliminate the cause of nonconformity and to prevent recurrence.

Nonconformity – Non-fulfillment of a requirement.

Preventive Action – Action to eliminate the cause of a potential nonconformity or other potential undesirable situation.

Problem – For use within CVMA/ ACVM's management system, a problem is defined as being a nonconformance or potential nonconformance. It can also refer to an appeal or complaint.

4. References

Latest version of ISO 17024 Conformity assessment – General requirements for bodies operating certification of persons

Improvement Log, FM-005-1

Corrective Action Report, FM-005-2

Preventive Action Report, FM-005-3

Appeals and Complaints Process, PR-011

5. Responsibility

5.1. Executive Director

The Executive Director or designate is responsible for:

- The corrective and preventive action processes.
- Reporting the status and any trends related to corrective and preventive actions to the Board of Directors during the management review.
- Ensuring timely actions are taken when corrective and/ or preventive actions are assigned.
- Ensuring this procedure meets the latest requirements of ISO 17024.
- Communicating the requirements of this procedure to all personnel who need to know.

5.2. National President

The National President is responsible for reviewing and approving this procedure for adequacy prior to release.

5.3. Board of Directors

The CMVA/ ACVM National Board of Directors are responsible for participating in the review of corrective and preventive action effectiveness during the management review. This includes taking necessary actions to improve processes as needed.

5.4. Staff/ Volunteers/ Document Users

All Staff / Volunteers/ Document Users are responsible for identifying and reporting to the Executive Director, any nonconformity or potential nonconformity found during the course of their activities for the CMVA/ ACVM.

6. Process Requirements

6.1. Corrective Actions

6.1.1. Identifying nonconformities

All CMVA/ ACVM staff and/ or volunteers are expected to identify and report occurrences of nonconformity to the Executive Director. The person identifying the nonconformity must complete the Corrective Action Report, FM-005-2 with as much detail as possible and forward it to the Executive Director.

The Executive Director will log the corrective action report in the Improvement Log, FM-005-1. The next number in the log is assigned to the Corrective Action Report and that line item is completed.

All CMVA/ACVM staff and/ or volunteers are also expected to identify and report potential nonconformities where preventive actions can be taken to prevent a nonconformance from occurring. These should also be reported to the Executive Director using the Preventive Action Report, FM-005-3. Also refer to section 6.2 below.

Occurrences of appeals and complaints may also be documented using the corrective action report, depending on the situation. Refer to the Appeals and Complaints Process, PR-011.

6.1.2. Determining the need for action

The Executive Director and the person identifying the nonconformity will determine if any immediate action has been taken or can be taken. This is recorded in the “Immediate Action Taken or Recommended” section of the form, as applicable.

The Executive Director will consult with the person identifying the nonconformity and others as appropriate, to determine the cause(s) of the nonconformity and document the cause(s) in the “Root Cause Analysis” section of the form.

As a result of the root cause analysis, the Executive Director will determine what action(s) is needed to correct the nonconformity and to prevent it from recurring. These actions are documented in the “Describe or Reference Details of Action Required” section of the form. These actions are then assigned to someone to complete with an action due date. This is recorded in the same section of the form.

The Executive Directive will issue a copy of the corrective action report to the person or persons responsible for taking the action.

6.1.3. Correcting the nonconformity

The person or persons responsible for taking actions as described in the Corrective Action Report issued to them must take the actions required in a timely manner. If actions cannot be completed by the assigned due date, the person must report this to the Executive Director. Together they will determine an appropriate time frame to complete the actions. Any change in information is updated in the Improvement Log by the Executive Director.

When the corrective actions have been completed the person completing the actions will record what has been done in the “Corrective Action Taken” section of the form. They record their name and the date the actions were completed on their copy of the Corrective Action Report and forward it to the Executive Director.

6.1.4. Follow Up Activities

The Executive Director will assess the corrective actions taken and determine what follow up actions should be taken to verify that the corrective actions were effective in eliminating the recurrence of the nonconformity. The Executive Director will record this in the “Follow Up Activities” section of the form. They will also determine an appropriate follow up date and record it on the form. The follow up date is determined based on the required follow up activities. In some instances this timeframe can be over a period of time based on the type of nonconformity and corrective actions taken. This follow up date can change at the discretion of the Executive Director and can be changed when there is not enough data or information to confirm corrective actions were effective in eliminating the nonconformity.

The Executive Director will update the Improvement Log with the assigned follow up date and when changes to the follow up date occur.

6.1.5. Closing Corrective Actions

Prior to closing a corrective action, the Executive Director verifies the following:

- All follow up activities have been completed.
- All documents supporting the actions taken to correct the nonconformity are on file.
- All information required on the Corrective Action Report is completed.
- All information required by the Improvement Log is completed.

To close out the corrective action, the Executive Director or other Management Representative will document what they have verified or other applicable comments in the “Management Representative Review and Approval” section of the form and sign and date the form.

The Executive Director will record the date the corrective action is closed in the “Date Closed” section at the top of the form. He will update the Improvement Log with the date closed and file the completed corrective action report and all associated documents in a secure location to ensure it remains confidential, as required, and can be easily retrieved if needed.

6.2. Preventive Action

Preventive Actions are identified, recorded and actioned in the same manner as corrective actions. The only difference with a preventive action is that the Preventive Action Report, FM-005-3 is used to document it. Also, the intent of preventive actions is to eliminate the causes of potential nonconformity (problem) and any actions taken should be based on the probable impact of the potential problem identified. All steps in completing the forms and assigning actions are the same as described in section 6.1 above. All records resulting from preventive actions are also retained in the same manner as corrective action records.

END OF PROCEDURE