



**JARAMOGI OGINGA ODONGA UNIVERSITY
OF SCIENCE AND TECHNOLOGY**

DOCUMENT: PROCEDURE FOR CORRECTIVE ACTION

DOC. NO: JOOUST/OP / 05

AUTHORIZED BY: VICE-CHANCELLOR

SIGNATURE: _____



**ISSUED BY: QUALITY MANAGEMENT
REPRESENTATIVE**

SIGNATURE: _____

0.1 DOCUMENT DISTRIBUTION

S. NO	TYPE	OFFICE
i.	Original	QMR
ii.	Copy	VC
iii.	Copy	DVC, PAF
iv.	Copy	DVC, AA
v.	Copy	DVC, RIO
vi.	Copy	FHs
vii.	Soft Copy	JOOUST Website by password

0.2 DOCUMENT CHANGES

DATE	CHANGES	AUTHORIZED BY
27/4/2012	Included clause 6.1 and 6.3	
29/4/2013	Procedure reviewed to reflect change of status from	
	BUC to JOOUST	
30/4/2015	Procedure reviewed for adequacy

ISSUE NO: 001	REVISION NO: 03	DATE OF ISSUE: 15 TH OCTOBER, 2011
-------------------------	---------------------------	---

1.0 Purpose

To ensure that corrective action is taken on all identified non-conformities by all functions in the University.

2.0 Scope

The procedure covers the corrections of all identified non-conformities in the University.

3.0 References:

- i. ISO 9001:2008 Standard
- ii. JOOUST Quality Manual
- iii. JOOUST/OP/03
- iv. JOOUST/OP/04

4.0 Terms and Definitions

- i. BUC: Bondo University College
- ii. QMS: Quality Management System
- iii. QMR: Quality Management Representative
- iv. JOOUST: Jaramogi Oginga Odinga University of Science and Technology
- v. VC: Vice-Chancellor
- vi. DVC,PAF: Deputy Vice-Chancellor Planning, Administration and Finance
- vii. DVC, AA: Deputy Vice-Chancellor, Academic Affairs
- viii. DVC, RIO: Deputy Vice-Chancellor, Research, Innovation and Outreach
- ix. FHs: Functional Heads (DVC,Deans,Directors,Registrars, Heads of Sections/Units, Chairpersons of Departments)
- x. Corrective Action: Action taken to eliminate cause(s) of an identified non conformity in order to prevent recurrence.
- xi. CAR : Corrective Action Request form (in JOOUST/OP/03)
- xii. Functions: Operative units within the University such as Divisions, Schools/Departments and Directorates

ISSUE NO: 001	REVISION NO: 03	DATE OF ISSUE: 15 TH OCTOBER, 2011
-------------------------	---------------------------	---

5.0 Responsibilities

5.1 Principal Responsibility

The Quality Management Representative shall be responsible for the effective implementation and supervision of this procedure.

5.2 Other Responsibilities

FHs shall be responsible for the implementation and effective supervision of this procedure.

6.0 Method

6.1 Review and Evaluation of nonconformities & customer complaints

6.1.1 FHs shall in their monthly departmental meetings review nonconformities identified in their functions as contained in the raised CARs following internal and external audits, audit reports, customer complaints register, departmental corrective action registers and customer feedback register maintained by the Public Relations (PR) Department.

6.1.2 During reviews, the FH shall determine the root causes of the identified nonconformity (ies) and register the same in the raised CAR forms or in the provided columns in the non-conformities register.

6.1.3 The FH shall ensure that corrective action is taken to ensure that the nonconformities do not recur. This shall be recorded in the CAR and in the registers as may be applicable. A time frame or target date for completion of the corrective action shall also be indicated and signed for by the FH.

6.1.4 Non-conforming finished products/services which, due to the nature of the nonconformity, shall be reviewed through applicable and acceptable methods with authority of Top management.

ISSUE NO: 001	REVISION NO: 03	DATE OF ISSUE: 15 TH OCTOBER, 2011
-------------------------	---------------------------	---

6.2 Establishment of Corrective Action

QMR shall distribute CAR forms to all functional units. FHs shall:

- 6.2.1 Identify the non-conformities.
- 6.2.2 Investigate the root causes of the non-conformities.
- 6.2.3 Determine the corrective action needed to address and eliminate the root cause of the non-conformity.
- 6.2.4 Apply controls to ensure that the corrective action is implemented and effected.
- 6.2.5 Record the corrective action taken as per **JOOUST/OP/04**.

6.3 Evaluating Corrective Action

- 6.3.1 FHs shall ensure that the corrective action implemented eliminates the root cause of the non-conformities.
- 6.3.2 FHs shall put in place mechanisms to determine the effectiveness of the corrective action.
- 6.3.3 The mechanisms shall include periodic analysis of complaints, results of course evaluation, observations, internal and external reports.

6.4 Determining and implementing corrective actions

- 6.4.1 FHs shall record in the CAR forms, complaints/compliments register and non-conformity registers, address the non-conformity and set a time frame for implementation of corrective action.
- 6.4.2 The internal auditors shall ensure that the proposed and recorded corrective action is appropriate and commensurate with the effects of the encountered and identified non-conformity.
- 6.4.3 The FHs shall implement the corrective action(s) within the implementation period as documented against each non-conformity (ies).

ISSUE NO: 001	REVISION NO: 03	DATE OF ISSUE: 15 TH OCTOBER, 2011
-----------------------------	-------------------------------	---

- 6.4.4 The QMR shall make follow-ups with the FHs to appraise the progress on corrective actions. Such follow up actions shall be recorded as corrective action follow up reports.
- 6.4.5 Corrective actions taken shall be deemed effective only when they prevent recurrence of the non-conformity.
- 6.4.6 Results of corrective actions taken against each identified non-conformity shall be recorded in the CARs during follow ups and in the customer complaints/compliments register following completion of the actions.

6.5 Reviewing Corrective Actions

- 6.5.1 The QMR shall conduct monthly follow-ups to identify outstanding CAR's.
- 6.5.2 The QMR and the operative units shall review during follow-ups, the adequacy of corrective actions taken to address nonconformities raised during external audits as contained in the CARs. When non-conformities have been adequately eliminated by the corrective actions, the QMR shall remark as such in the CAR form and have the CAR closed out.
- 6.5.3 Where corrective action has not been completed or action taken is inadequate, a supplementary CAR shall be raised for the non-conformity and a new corrective action proposed by the FH and a time frame set for completion.
- 6.5.4 The non-conformity shall be escalated if found not completed or corrective action inadequate in the supplementary CAR.

ISSUE NO:	REVISION NO:	DATE OF ISSUE:
001	03	15TH OCTOBER, 2011

6.5.5 Corrective action taken on complaints shall be reviewed for adequacy by the implementing department and other stakeholders before communication to the customer as a report.

6.5.6 The corrective action shall be recorded in the complaints/compliments register.

6.5.7 Corrective actions for non-conformities recorded in the complaints/compliments register shall be reviewed for adequacy by the implementing operative unit and recorded against each non-conformity in the register.

6.6 Reporting of Corrective action

6.6.1 FHs shall update the complaints/compliments register and prepare a monthly report to the QMR on outstanding non-conformities.

6.6.2 QMR shall present the corrective action reports to the MRC.

6.6.3 Corrective action(s) shall also be reported through employer feedback, operative units' reports, non-conformity registers and customer complaint/compliments registers

ISSUE NO: 001	REVISION NO: 03	DATE OF ISSUE: 15 TH OCTOBER, 2011
-------------------------	---------------------------	---