



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

**DOCUMENT: PROCEDURE FOR PREVENTIVE ACTION**

**DOC. NO: JOOUST/OP / 06**

**AUTHORIZED BY: VICE-CHANCELLOR**

**SIGNATURE:**

**ISSUED BY: QUALITY MANAGEMENT  
REPRESENTATIVE**

**SIGNATURE:**

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**0.2 DOCUMENT CHANGES**

**DATE CHANGES AUTHORIZED BY**

27/4/2012 Added 6.2, 6.4

29/4/2013 Procedure reviewed to reflect  
change of status from

BUC to JOOUST

30/4/2015 Procedure reviewed for adequacy

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**1.0 Purpose**

To ensure that appropriate actions are determined and taken to eliminate causes of potential non-conformities in order to avert their occurrence.

**2.0 Scope**

This procedure covers all documented processes and procedures within the University.

**3.0 References**

- i. ISO 9001:2008 Standard
- ii. JOOUST Quality Manual
- iii. JOOUST/OP/03,04,05

**4.0 Terms and Definitions**

- i. BUC: Bondo University College
- ii. JOOUST: Jaramogi Oginga Odinga University of Science and Technology
- iii. VC: Vice-Chancellor
- iv. QMR: Quality Management Representative
- v. QMS: Quality Management System
- vi. DVC,PAF: Deputy Vice-Chancellor, Administration and Finance
- vii. DVC,AA: Deputy Vice-Chancellor, Academic Affairs
- viii. DVC,RIO: Deputy Vice-Chancellor , Research, Innovations and Outreach
- ix. MRC: Management Review Committee.
- x. MIC: Management Implementation Committee
- xi. FHs: Functional Heads (DVC,Deans,Directors,Registrars, Heads of Sections/Units, Chairpersons of Departments)
- xii. Functions: Operative units within the University such as Divisions, Schools/Departments and Directorates

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## 5.0 Responsibilities

### 5.1 Principal Responsibility

The QMR shall be responsible for the effective implementation of this procedure.

### 5.2 Other Responsibilities

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

## 6.0 Method

### 6.1 General

6.1.1 FHs shall initiate and/or implement preventive actions as brought to their attention for continual improvement of the QMS

6.1.2 FHs shall take the following preventive actions:

6.1.2.1 Identify potential non-conformities.

6.1.2.2 Determine the preventive action needed to address and eliminate the potential non-conformity.

6.1.2.3 Apply controls to ensure that the preventive action is implemented and effected

### 6.2 Ensuring accomplishment on preventive action

QMR, FHs and all members of staff shall ensure that:-

6.2.1 QMS potential non-conformities are identified and documented in their functional areas in appropriate manner.

6.2.2 Potential non-conformities are identified and preventive action undertaken.

6.2.3 Preventive action(s) are implemented on time to prevent occurrence of non-conformity (ies).

6.2.4 Implemented preventive actions to the potential non-conformities are verified.

6.2.5 Preventive action records for QMS processes are maintained.

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- 6.2.6 Preventive action summary reports for QMS are generated and presented to MRC for action.

### **6.3 Reviewing Preventive Actions**

- 6.3.1 The QMR shall make follow-ups on a monthly basis to determine outstanding preventive actions.
- 6.3.2 The QMR and the FHs shall review adequacy of preventive actions taken to mitigate the occurrence of non-conformities.
- 6.3.3 In situations where preventive action has not been completed or action taken is inadequate, a new preventive action shall be proposed by the FH and time frame set for completion.
- 6.3.4 Preventive actions shall be reviewed as appropriate for adequacy by the implementing functional units and other stakeholders.
- 6.3.5 The preventive actions shall be recorded in the preventive action register.

### **6.4 Evaluating Preventive Action**

- 6.4.1 FHs shall ensure that preventive actions implemented prevent occurrence of non-conformities.
- 6.4.2 FHs shall put in place mechanisms to determine the effectiveness of the preventive action.
- 6.4.3 The mechanisms shall include meetings, work procedures, service charter, schedules, work instructions, policies, rules and regulations and codes of conduct among others.

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