1.0 PURPOSE

This document defines the policies and guidelines to identify and control nonconforming services within the QMS Scope, and to initiate and record corrective actions taken by the PMDC to eliminate causes of nonconformities and support the intention of continual improvement.

2.0 POLICY

The PMDC shall provide services to its stakeholders in accordance with their specified requirements. As such, it is the policy of the company to ensure that all services that do not conform to requirements are identified, evaluated, and resolved in accordance with the guidelines as provided in this document. It is likewise the policy of the PMDC to implement corrective actions to continually improve the effectiveness of the established quality management system.

3.0 DEFINITION OF TERMS:

3.1 Nonconformity (NC) - Deviation from a specified requirement that needs immediate action.

3.1.1 Major Nonconformity (Nonconformity A "major") - Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements,
- A number of minor nonconformities associated with the same requirements or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

3.1.2. Minor Nonconformity (Nonconformity B "minor") - Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.

3.2 Opportunity for Improvement (OFI) - An aspect in the Quality Management System that may cause minor errors or possible problems in the PMDC operations and therefore may be further improved to enhance or maintain the effectiveness of the system. This is usually discovered from audit observations.

3.3 Disposition - Refers to actions to be taken to nonconformities, such as correction, concession, mitigation of effects.

3.4 Correction - Immediate short-term measure to be taken to address an identified NC or OFI.

3.5 Corrective Action - Long-term measures to be taken to address an identified NC or OFI.

3.6 Preventive Action - Action to eliminate the cause of potential nonconformity or undesirable situation. Preventive action is taken to prevent occurrence. There can be more than one root cause for an NC/OFI.

3.7 Internal Quality Audit (IQA) - A procedure to evaluate the effectiveness of the QMS.

3.8 Request for Action (RFA) - A form used to initiate and record NC/OFI and monitor the status and actions taken relative to the NC/OFI. The form shall be used by the IQA Team during the conduct of their Audit and/or the PMDC Employee/s who will initiate any identified nonconformity or opportunities for improvement.

3.9 Initiator - PMDC Employee who initiated the RFA.

4.0 SCOPE

This document applies to all services provided by the PMDC for its stakeholders, where nonconformities may arise within the QMS scope. This procedure also covers all corrective actions identified when nonconformity is encountered/anticipated through internal audits, customer complaints, problems encountered/anticipated within the QMS Scope and any event that could affect the QMS.

5.0 RESPONSIBILITIES

5.1 The Management Representative – responsible for ensuring the proper implementation of this procedure. The MR validates nonconformities, establishes the control methods, defines responsibilities and authorities, and reviews and approves the necessary action to address the identified nonconformity. They are also responsible for ensuring the effectiveness of actions taken.

5.2 PMDC Employee/Initiator – aside from a member of the IQA, an employee may also identify nonconformity and initiate the control and disposition measures, in coordination with assigned Supervisor or authorized officer.

5.3 Process Owner – Verifies nonconformity and determines root cause of NC/OFI.

5.4 IQA Auditors – authorized to initiate RFA through their Audit Team Leader.

5.5 IQA Team Leader – maintains a registry of issued RFA.

6.0 PROCEDURE DETAILS

Ref. No.	Key Activities	Responsibilities
6.1	Identification of nonconformity	PMDC Employee/IQA Team
6.2	Verification/Validation of findings	Process Owner
6.3	Resolution of Nonconformity	Mancom/MR/Process Owner/IQA Team
6.4	Follow up on Action Taken	IQA Team
6.5	Evaluation of Effectiveness of Action Taken	IQA Team with concerned Department Head

6.1 Nonconforming services may arise within the QMS scope when deviation from the following:

- Operations under the QMS;
- Benchmarking;
- Analysis of similar processes;
- Evaluation of previous outputs/activities relative to the operations;
- QMS audits; and
- Customer Feedback

6.1.1 Documenting and Reporting of Nonconformities/OFIs

Identified nonconformities should be recorded on the RFA Form. The RFA Form is assigned with serial number as follows:

AAA-XX-YY

- YY → Sequence number
- XX → Year
- AAA → Origin

CDDSSS - SSD department

6.1.2 RFA form contains information that includes, but not limited to:

- Description of potential or actual nonconformity/nonconformance/OFI
- Root-cause analysis, if applicable
- Proposed action
- Individuals responsible for initiating and implementing action
- Target completion date
- Follow-up action date
- Evaluation and assessment of action taken

6.2 Verification of Nonconformity

All documented nonconformities are referred to the Process Owner, for verification and analysis of the nonconformity using appropriate tools/techniques. The Process Owner, depending on the nature of nonconformity, may initiate a meeting with concerned individuals to facilitate the verification and identification of root cause.

6.3 Resolution of nonconformity

After problem analysis, the necessary corrective action/s is/are formulated and recorded. Whenever possible, the target date for completion of "Action to be Taken" are indicated as basis for the subsequent follow-up and verification of action taken and result.

6.4 Follow-up on Action Taken

The IQA Team, may conduct follow-up "action to be taken" and perform some verification to ensure that appropriate action have been taken to address the identified nonconformity.

6.5 Evaluation of Effectiveness of Action Taken

The IQA Team shall initiate the review of the effectiveness of the Action Taken together with the concerned Department Head or process owner.

Dispositions and effectiveness of actions taken are reviewed and discussed with the process owner during meetings with the IQA Team Leader/assigned IQA Auditor /Initiator wherein information relevant to RFAs is considered.

Status of actions taken is included in the agenda and is discussed during management reviews and/or management committee meetings.

7.0 REFERENCES

7.1 Quality Procedures
7.2 Request for Action Form