



## **CAREER EXECUTIVE SERVICE BOARD**

### **QUALITY PROCEDURE ON CORRECTIVE ACTION**

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### **PURPOSE**

The Quality Procedure on Corrective Action aims to define a system on provision of necessary actions to eliminate the causes of nonconformities to prevent recurrence.

### **SCOPE and LIMITATIONS**

This procedure shall apply to nonconformities during implementation of CESB's Quality Management System (QMS).

This procedure shall apply to all QMS processes, systems, and procedures in CESB operations.

### **REVIEW and AMENDMENTS**

The Quality Management Representative (QMR) shall initiate the review of the Quality Procedure on Corrective Action, at least once every three (3) years or as deemed necessary.

Where amendment to this procedure is necessary, the QMR shall present proposed amendments to the CESB Executive Director.

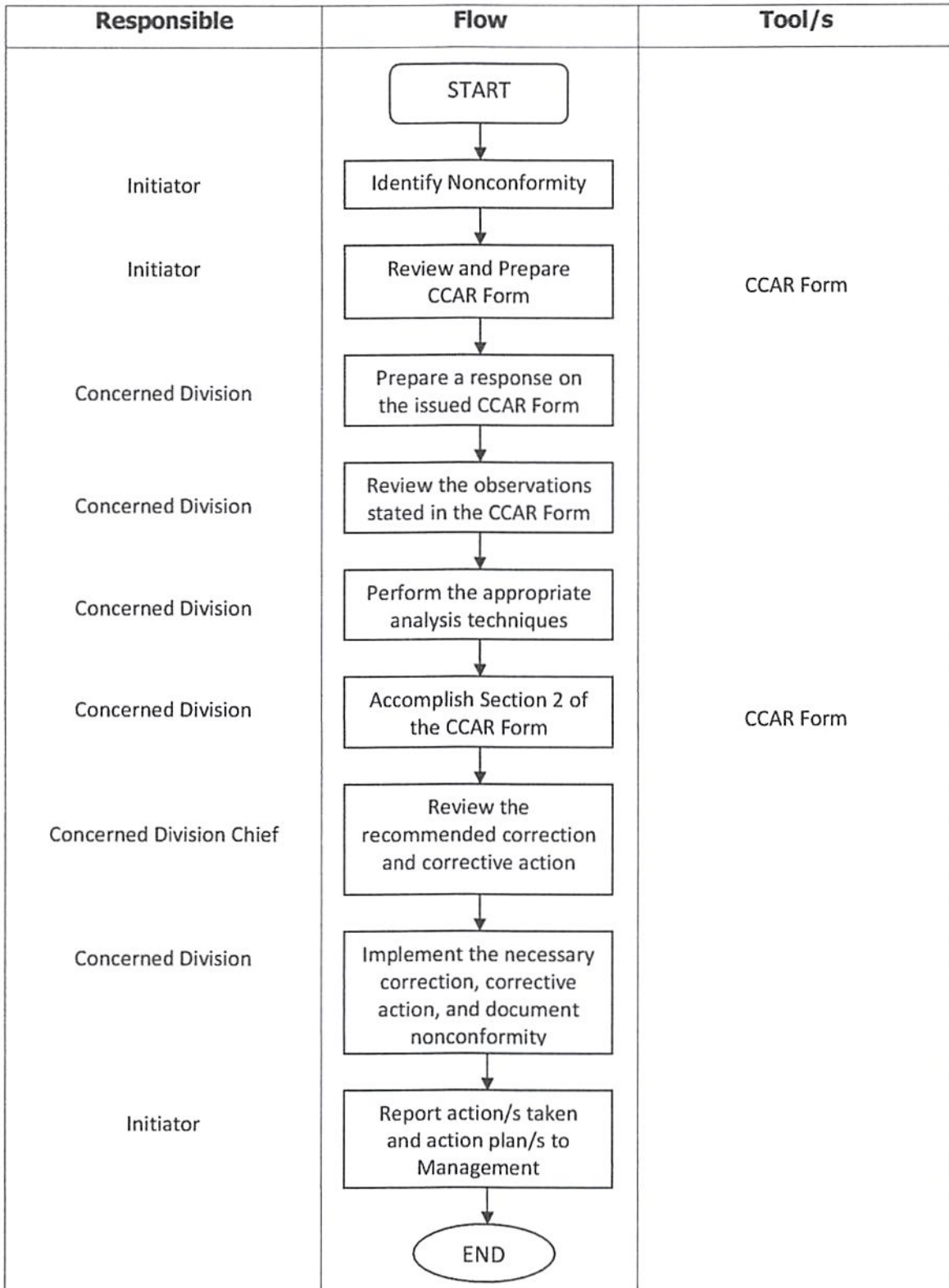
The Executive Director shall give the final approval of the proposed amendments to the Quality Procedure on Corrective Action.

<b>CESB QUALITY PROCEDURE ON CORRECTIVE ACTION</b>	Section PROCEDURE DETAILS	Section No 2	Effective 08-26-15
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1. Upon determination of the need for correction or corrective action, the Initiator shall accomplish section 1 (i.e., details of nonconformity) of the Correction and Corrective Action Report (CCAR) Form, with Control Number assigned by the IQA Team, and issue to the concerned division.
2. The concerned division shall review the nonconformity stated in the CCAR Form and determine its root cause using the appropriate analysis such as brainstorming, Cause and Effect Analysis, 5 Whys, among others.
3. The concerned division shall accomplish Section 2 (i.e., necessary actions) of the CCAR Form within five (5) working days upon receipt and implement correction and corrective action.
4. The IQA and concerned division shall verify the effectiveness using Section 3 (i.e., verification of effectiveness) of the correction and corrective action by signing the CCAR Form. If verified effective, the nonconformity shall be marked as "Closed".
5. In case the correction and corrective action are not effective, the concerned division shall perform the necessary analysis techniques to determine its root cause and appropriate solution.
6. In case the correction and corrective action necessitate revision of policy or procedure, or creation of new one, the concerned division shall refer to the Quality Procedure on Document Control.
7. The IQA shall report actions taken and action plans to the Management for review.
8. The CESB Management shall review and monitor, during its Management Committee meetings, the actions taken and action plans for continual improvement.

Records of the results of actions taken shall be maintained in accordance to the Quality Procedure on Records Control.

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## Correction and Corrective Action Report

Section 1 - Details of Nonconformity <i>(To be Accomplished by the Auditor/Initiator)</i>		
Date: Auditor / Initiator:	References: <i>(manuals, procedures, policies, ISO clauses, etc.)</i>	Control Number:
Issued to: <i>(Concerned Personnel)</i>		Section/Division:
Details: <i>(As Resulted)</i> <input type="checkbox"/> Internal Quality Audit <input type="checkbox"/> Service Relation <input type="checkbox"/> Others <i>(Pls. Specify)</i>		
Issued by: Signature Over Printed Name	Issued to: Signature Over Printed Name	
Description of Nonconformity/OFI: <i>(include evidence)</i> <p style="text-align: right;"><b>Acknowledged by:</b> <i>(Concerned CESB employee)</i></p>		
Section 2 - Necessary Action(s) <i>(To be accomplished by the Auditee/Concerned Unit)</i>		
Correction:	Target Completion Date: _____	
Describe the Necessary <b>Corrective</b> Action(s):		
Approved by:	Target Completion Date: _____	
Section 3 - Verification of Effectiveness <i>(To be Accomplished by the Auditor/Initiator)</i>		
Results of Action(s) taken	Remarks	
Verified by: <i>(IQA/Initiator)</i> _____	Verification Date: _____	
Acknowledged by: <i>(Division Chief)</i> _____	Next Verification Date: _____	
Results of Action(s) taken	Remarks	
Verified by: _____	Verification Date: _____	
Acknowledged by: _____	Next Verification Date: _____	

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This quality procedure has been thoroughly reviewed and approved.

  
**MARIA ANTHONETTE VELASCO-ALLONES, CESO I**  
 Executive Director  
 Career Executive Service Board

Date