CAREER EXECUTIVE SERVICE BOARD

QUALITY PROCEDURE

ON

PREVENTIVE ACTION

Revision No. 02

PURPOSE

The Quality Procedure on Preventive Action aims to define a system for identifying potential nonconformities, determine the causes of potential nonconformities, and provide the necessary action to ensure that nonconformities do not occur.

SCOPE and LIMITATIONS

This Quality Procedure on Preventive Action shall apply to potential nonconformities that may arise 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 Preventive 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 Preventive Action.

1. The concerned division and/or Initiator shall identify a potential nonconformity through evaluation and analysis of monitoring and measurement data from client's feedback and complaints, audit observations, or suppliers/contractors performance evaluation.

2. The concerned division shall review potential nonconformity and possible cause/s through appropriate analysis techniques such as brainstorming, Cause and Effect Analysis, 5 Whys, Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis, Failure Mode and Effect Analysis, among others.

3. The concerned division shall determine all possible preventive actions and document the proposed preventive action using the Potential Problem Analysis (PPA) Form, with approval of the concerned division chief.

4. The IQA shall assign a Control Number on the PPA Form.

5. The concerned division shall implement the approved preventive action plan under the supervision of the concerned division chief.

6. The IQA, together with the concerned division chief, shall verify effectiveness and monitor preventive action indicated in the PPA Form, periodically, as necessary.

7. If preventive action is found to be ineffective and nonconformity has been observed, the IQA and concerned division shall refer to the Quality Procedure on Corrective Action.

8. If the preventive action may necessitate revision of policy or procedure, or creation of new one, the concerned division shall refer to the Quality Procedure on Document Control.

9. The IQA shall report the actions taken and action plans to the Management for review.

10. The CESB Management shall review and monitor, during its management Committee meetings, the preventive actions taken and action plans for continual improvement.

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

Responsible	Flow	Tool/s
	START	
Initiator	Identify potential nonconformity or OFI	
Concerned Division	Review potential nonconformity and determine root cause	
Concerned Division	List down all possible preventive actions	
Concerned Division	Determine the preventive action and document the proposed preventive action	
Head of Concerned Division	Endorse to IAD for endorsement of Control Number in the PPA Form	PPA Form
Concerned Division	Proceed to the implementation of the preventive action plans	PPA Form
Head of Concerned Division	Monitor and verify effectiveness of the preventive action plans indicated in the PPA Form within one (1) year	
Initiator	Report action/s taken and action plan/s to Management	
QMR	Management to review and monitor action/s taken and action plan/s	
	END	

Potential Problem Analysis (PPA)

Section 1 - Details of Potential Nonconformity *(To be Accomplished by the Auditor/Initiator)*		
Date	**References** *(manuals, procedures, policies, ISO clauses, etc.)*	**PPA Control Number**
Auditor / Initiator: _____		**Potential Nonconformity:** (Non fullfilment of requirments)
		OFI: (Does not signify failure in the system but maybe enhanced)
Description of Potential Nonconformity/OFI: (cite data among others)		
Acknowledged by: *(Concerned CESB employee)*		
Remarks:		
Issued by: _____ **Signature Over Printed Name**		Issued to: _____ **Signature Over Printed Name**

Section 2 - Potential Problem Analysis (To be accomplished by the Concerned Personnel. Attach additional sheets if necesssary

Analysis of Key Requirements: _____

Potential Problem	Possible Causes	Preventive Action(s) to Limit Risk

Section 3 - Verification of Effectiveness (To be Accomplished by the Auditor/Initiator)

Results of Action(s) taken	Remarks
Verified by: (IQA/Initiator) _____	Verification Date: _____
Acknowledged by: (Division Chief) _____	Next Verification Date: _____
Results of Action(s) taken	Remarks
Verified by: (IAD/Initiator) _____	Verification Date: _____
Acknowledged by: (Division Chief) _____	Next Verification Date: _____

This quality procedure has been thoroughly reviewed and approved.

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