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Document Title: PREVENTIVE ACTION		

CHUKA UNIVERSITY

GENERAL OPERATING PROCEDURE


FOR

PREVENTIVE ACTION

CU/GOP/PA/06


DOCUMENT REVIEW SHEET

	Name	Position	Date
Prepared By		ISO Core Team	25.6.2012
Reviewed By	Prof. D. K. Isutsa	Management Representative	03.3.2014
Approved By	Prof. E. N. Njoka	Vice-Chancellor	24.3.2014

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1. AMENDMENT RECORD SHEET

DATE	ISSUE NO.	REVISION NO.	PAGE NO.	SUBJECT OF REVIEW /MODIFICATION	REVISED BY	APPROVED BY
1.3.2013	02	01	ALL	Changed logo to Chuka University	MR	Vice-Chancellor
1.3.2013	02	01	ALL	Changed QMR to MR	MR	Vice-Chancellor
1.3.2013	02	01	ALL	Changed Chuka University College to Chuka University	MR	Vice-Chancellor
1.3.2013	02	01	ALL	Changed CUC to CU everywhere it existed	MR	Vice-Chancellor
3.3.2014	03	00	ALL	Edited entire GOP to differentiate from CU/GOP/IA/03	MR	Vice-Chancellor
3.3.2014	03	00	8	Re-designed FORM 13 to suit CU/GOP/PA/06	MR	Vice-Chancellor

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2. GENERAL

2.1 PURPOSE

The purpose of this procedure is to define requirements for the actions to be taken to eliminate the causes of potential non-conformities detected any time to prevent their occurrence during the operations of the Chuka University processes.

2.2 SCOPE

This procedure applies to the actions that are to be taken on potential non-conformities identified during the day-to-day operations, and as result of customer concern.

It, however, does not cover action taken on potential non-conformities identified during the Internal Audits.

2.3 REFERENCES

- (1) ISO 9001:2008 Clause 8.5.3
- (2) CU Quality Manual

2.4 DEFINITIONS AND ABBREVIATIONS

In addition to the relevant common definitions of terms given in ISO 9000:2005, the following specific definitions shall apply.

Responsible Management: This is that part of the management that has direct management responsibility for the area or function responsible for the preventive action.

AMR: Assistant Management Representative

MR: Management Representative


PARF: Preventive Action Request Form

2.5 RESPONSIBILITY

2.5.1 Management Representative

The Management Representative is responsible for:

- (i) Ensuring that this preventive action procedure is implemented and maintained and where appropriate improved.

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- (ii) Closing the preventive action request matters, and
- (iii) Implementing the required changes to documentation
- (iv) In absence of the MR, the AMR or the Vice-Chancellor assume these responsibilities.

2.5.2 Responsible Management

The Responsible Management is responsible for:

- (i) Ensuring that preventive actions, identified in their areas of jurisdiction are effected in a timely manner.
- (ii) Ensuring that preventive measures are commensurate with the risk anticipated.
- (iii) Verifying the effectiveness of the preventive measures.

2.5.3 All Staff

All staff members have the responsibility of identifying potential non-conformity and initiating preventive action by raising a preventive action request using the Preventive Action Request Form (PARF).

3. PROCEDURE

3.1 Identification and Recording of Potential Non-Conformities

3.1.1 Any member of staff may encounter and report a potential non-conformity to the Management Responsible.

3.1.2 Request for preventive action on identified potential non-conformity is done on the Preventive Action Request Form.
(Ref to CU/MR/FORM/13)


3.1.3 The completed PARF is forwarded to the M.R. for registration and further processing.

3.2 Registration and Processing of a Preventive Action Request

The M.R. upon receiving a completed PARF in duplicate:

Registers the date of completion of the preventive action and the Responsible Management for the preventive action.

3.3 Investigation of the Causes of a Potential Non-Conformity

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3.3.1 Where the root cause of a potential non-conformity is not readily identifiable, the person responsible for the preventive action investigates, identifies the root cause and then establishes the preventive action to be undertaken.

3.3.2 The preventive action to be undertaken is recorded on the Preventive Action Request Form (PARF).

3.4 Preventive Action

3.4.1 The person responsible for preventive action takes timely preventive action.

3.4.2 Action taken is completed on or before completion date.

3.4.3 Preventive action should where appropriate prevent occurrence of the potential non-conformity.

3.5 Verification

3.5.1 The person responsible for the preventive action obtains the signature of the originator of the PARF and the Responsible Management before forwarding the completed form to the MR for closure.

3.5.2 The Responsible Management verifies that the preventive action taken is effective.

3.6 Follow-Up


3.6.1 The MR examines the preventive action register and identifies outstanding preventive action requests for follow-up.

3.6.2 On or before the date of completion of the preventive action, the MR follows up with the Responsible Management for the preventive action and ensures that the preventive action has been carried out and that all the verification signatures have been obtained.

3.6.3 The MR evaluates the root cause to ensure that it is prevented from causing re-occurrence of non-conformities.

3.6.4 The MR may then go ahead and close out the PARF and update the register.

3.6.5 In situations where the preventive action has not been completed or action taken is not effective, then a supplementary PARF is raised, assigning a new date for completion of the preventive action.


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3.7 Summary Report

The MR prepares a summary report on potential non-conformities for presentation to the Management during the Management Review Meetings.

4. RECORDS

- 4.1 Preventive Action Request Form (Ref: CU/MR/FORM/13)
- 4.2 Preventive Action register
- 4.3 Summary report

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5. APPENDIX

PREVENTIVE ACTION REQUEST FORM (PARF)

(Ref: CU/MR/FORM/13)

DEPARTMENT:		PAR NO.:	DATE:
PROCEDURE:			
PROCESS REF.:		NAME OF DEPT. REPRESENTATIVE	
ISSUE NO.:		SIGN. OF DEPT. REPRESENTATIVE	
REVISION NO.:			
POTENTIAL NON-CONFORMITY IDENTIFIED: STATE IT HERE			
(a) Examination leakage (b) Random course delivery (c) Random record keeping (d) Random procurement (e) Random staff separation (f) Any other (Specify)			
IDENTIFIED BY:		SIGN:	DATE:
TO BE COMPLETED BY HOD	ROOT CAUSE (What failed in the process for this non-conformity to occur?)		
	SIGN:		DATE:
	PROPOSED PREVENTIVE ACTION		
	PROPOSED COMPLETION DATE		ACTUAL COMPLETION DATE
M.R.'S CLEARANCE REPORT (Follow up comments):			
ACCEPTED (Tick one) (EFFECTIVE)		YES	NO
FINAL COMMENTS BY M.R.			

NB. To be used any time by any staff or stakeholder identifying a potential non-conformity or having a potential complaint. Submit two copies to the M.R.