



OP 8/2 Procedure for Correction/Corrective Actions

PURPOSE:

To establish a procedure to correct the cause(s) of non-conformances identified in WIST's systems and processes.

SCOPE:

This procedure covers all systems and services offered by WIST at all its locations.

RESPONSIBILITY:

The Quality Assurance Manager is responsible for

- Logging corrections and/or corrective actions identified on the database for timely completion
- Reviewing action items and timelines submitted
- Escalating action items when timelines are missed
- Verifying and closing off actions
- Providing a summary of the status of action items at Administrative meetings
- Providing analyses as inputs into Management Review

Department Heads are responsible for

- Documenting correction and/or corrective action on the Action form
- Assigning person/team to identify and execute action items to prevent recurrence.
- Ensuring on time completion of action items
- Bringing corrections and/or corrective actions to the attention of the Quality Assurance Manager for logging.

Assigned person/teams are responsible for

- Determining appropriate action activities to prevent recurrence
- Ensuring on-time completion of assigned action items
- Completion of the action form



DEFINITIONS

The following definition is associated with this procedure.

TERM	DEFINITION
Corrective Action -	Action taken to eliminate the cause of a major non-conformity or other undesirable problem that is usually systemic.
Correction -	Action taken to eliminate the cause of a minor detected non-conformance or other undesirable problem.

REFERENCES

Not applicable

DOCUMENTATION

Action Request Form F61

PROCEDURE:

1.0 Initiation of Correction and Corrective Actions

1.1 Corrections and/or corrective actions can be initiated by any faculty, student or staff member within the institution.

1.2 A correction or corrective action may be initiated as a result of:

- Problems identified in the process
- Stakeholder Complaints
- Review of trends or data discrepancies
- Programme monitoring & review
- Results of outcome assessments
- Review of strategic planning action items
- Internal Audits



- 1.3 Actions are brought to the attention of the relevant Departmental Head for review and validity.
- 1.4 Corrections and corrective actions identified are filled out by the Departmental Head and the information is recorded on the Action forms.
- 1.5 The Quality Representative reviews the action forms submitted for completeness and logs information on the database for monitoring and follow up.

2.0 Conducting Corrections and/or Corrective Action

- 2.1 The assigned person or team executes the action activities involved. Information on the progress of the actions identified are recorded on the action form and sent to the Quality Assurance Manager for review and monitoring.

3.0 Correction and/or Corrective Action Follow Up and Closure

- 3.1 The Quality Assurance Manager monitors the progress of the action items implemented to ensure effectiveness and on-time completion. Where timelines are missed, the Quality Assurance Manager evaluates for approved extension of time line or escalated to the President.
- 3.2 The Quality Assurance Manager ensures that actions are communicated thorough out the institution and changes to documents, procedures, and policies are implemented where applicable.
- 3.3 The Quality Manager maintains the electronic log of corrective and/or corrective actions.
- 3.4 The Action forms and any other associated documentation are maintained by the respective Departmental Head.