OP 8/3 Procedure for Preventive Action

Purpose:

To establish a procedure to prevent potential problems identified in the execution of WIST's Quality Management System.

Scope:

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

Responsibility:

The Quality Assurance Representative is responsible for

- Reviewing, and logging potential problems identified
- Reviewing and approving action plans and timelines submitted
- Escalating action items when timelines are missed
- Verifying and closing off preventive actions
- Providing a summary of the status of preventive actions at management meetings
- Providing analyses as inputs into Management Review

The Administrative Committee is responsible for

- Reviewing and assigning potential problems to appropriate personnel and teams to analyse and determine relevant preventive action
- Reviewing assigned potential problems and ensuring that appropriate action is determined
- Ensuring that required resources are made available for the implementation of determined action

Teams are responsible for

- Determining the root cause of identified potential problems
- Determining appropriate action to prevent the potential problem from materialising
- Ensuring on-time completion of assigned action items
- Attending team meetings as required
- Providing timely reports to the Quality Assurance Officer on the status of projects

Definitions

The following definitions are associated with this procedure.

TERM	DEFINITION	
Non-Conformance	-	Non-fulfilment of a specified requirement.
Preventive Action	-	Action taken to eliminate the cause of a potential non-conformity or other undesirable potential problems.
Quality Assurance Representative	-	That person selected to perform the relevant action on behalf of the Quality Department
Root Cause	-	A deficiency that results in or can result in a non-conformance, which must be corrected to prevent the occurrence or recurrence of the same or similar non-conformance.

Procedure:

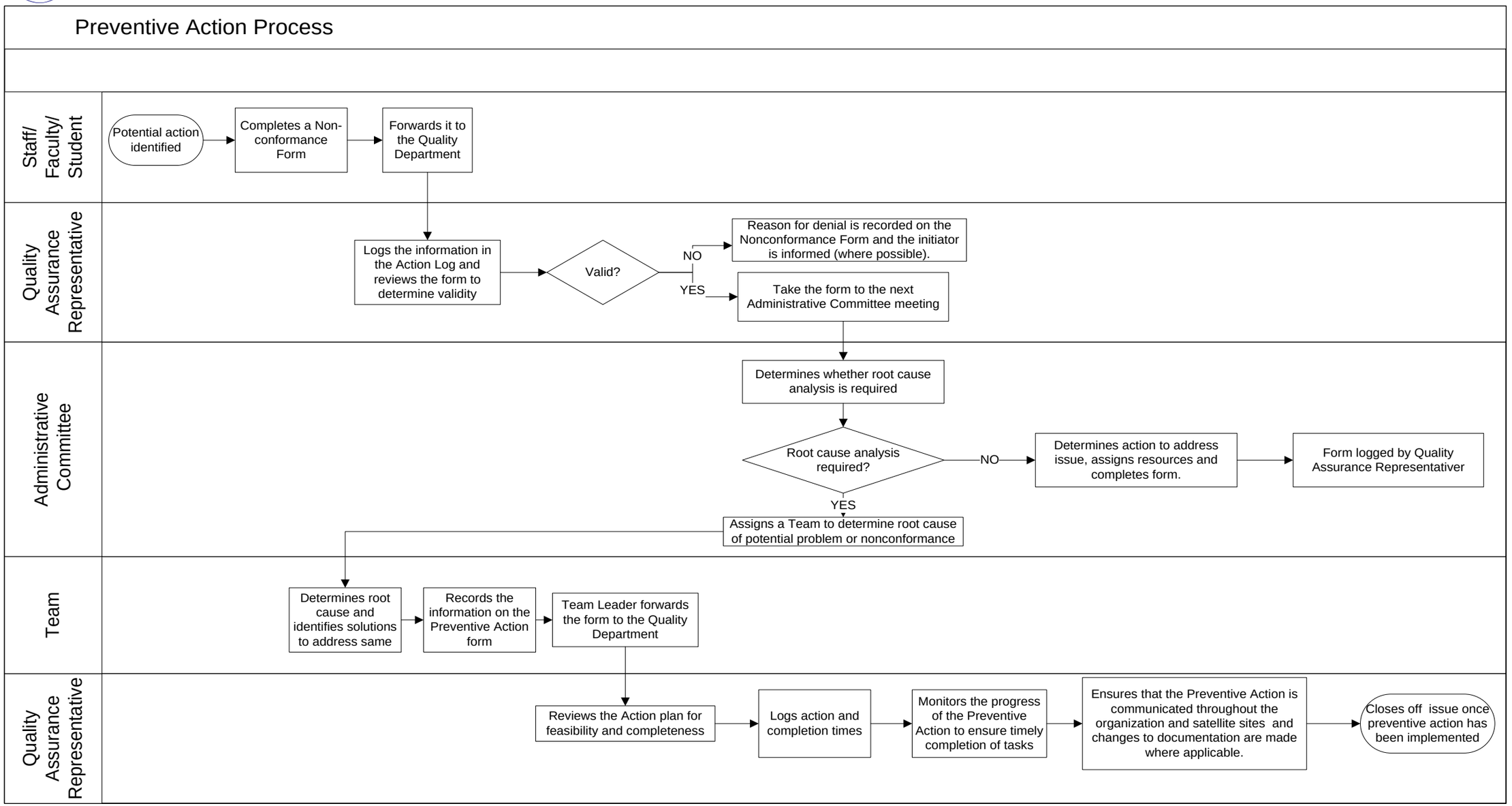
1. Preventive Action may be initiated as a result of:
   - Potential problems or non-conformances identified by stakeholders
   - Observations from the analyses of of appropriate data and trends

2. Persons identifying potential problems or non-conformances are required to complete the Non-conformance form and forward to the Quality Assurance Officer. Once these have been reviewed by the Administrative Committee, they are as required, assigned to teams for action. Depending on the nature of the problem, cross-functional teams are used.

3. The Quality Assurance Officer is responsible for monitoring the process throughout and maintaining appropriate logs.

4. Where timelines are missed, the Quality Assurance Officer evaluates the action to be taken for approved extension or escalation to management for prioritization.

5. The process flow is given in the attached chart.


Preventive Action Process
Staff/ Faculty/ Student
Potential action identified
Completes a Non-conformance Form
Forwards it to the Quality Department
Quality Assurance Representative
Logs the information in the Action Log and reviews the form to determine validity
Valid?
NO
Reason for denial is recorded on the Nonconformance Form and the initiator is informed (where possible).
YES
Take the form to the next Administrative Committee meeting
Administrative Committee
Determines whether root cause analysis is required
Root cause analysis required?
NO
Determines action to address issue, assigns resources and completes form.
Form logged by Quality Assurance Representativer
YES
Assigns a Team to determine root cause of potential problem or nonconformance
Team
Determines root cause and identifies solutions to address same
Records the information on the Preventive Action form
Team Leader forwards the form to the Quality Department
Quality Assurance Representative
Reviews the Action plan for feasibility and completeness
Logs action and completion times
Monitors the progress of the Preventive Action to ensure timely completion of tasks
Ensures that the Preventive Action is communicated throughout the organization and satellite sites and changes to documentation are made where applicable.
Closes off issue once preventive action has been implemented