pustaka negeri sarawak | read. innovate. excel

Quality**Procedure**

Reviewed by:	Approved by:
Dayangku Hadzimah	Laurena
Dayangku Hadzimah Awangku Ahmad	Laurena anak Aloh
1st September 2022	1st September 2022

Purpose

This procedure is established and maintained to ensure that non-conformities detected or reported in the quality management system (QMS) are systematically investigated, and that appropriate corrective actions are effectively taken to eliminate them.

Scope

This procedure shall be used in the occurrences of the following non-conformities

a) Process non-conformity
b) Non-conformity as a result of internal quality audit
c) Non-conformity as a result of a customer complaint

Process

1.0 Verification of Non-Conformity

1.1 Whenever non-conformity is detected or reported by an internal auditor or Head of Division (HOD)/ Head of Unit (HOU), the Head of Sector (HOS)/other designated officer (DO)/auditor shall verify the non-conformity.

1.1.1 Process non-conformity shall be verified by the HOS/other DO.

1.1.2 Non-conformity as a result of an internal audit shall be verified by the auditor.

1.1.3 Non-conformity from customers' complaints shall be verified by the HOS/other DO.

2.0 Issuance of Corrective Action Request

2.1 Once the non-conformity has been verified, the HOS/other DO/auditor shall immediately issue a Corrective Action Request (CAR) to the relevant HOD/HOU.

2.1.1 The CAR number shall be issued by the Quality Management Representative (QMR) or the respective Quality Coordinator of Pustaka Negeri Sarawak, Sibu and Pustaka Negeri Sarawak, Miri (Respective QC).

2.2 Once the CAR has been issued, the QMR/respective QC shall record it down in the CAR Monitoring Log.

2.2.1 The QMR/respective QC shall monitor the CAR via the CARMonitoring Log.

2.2.2 If there is no update for the CAR from the HOD/HOU within 10 working days from the date of issue of the CAR, the QMR/ respective QC shall immediately notify the HOD/ HOU through e-mail.

3.0 Investigation of Root Cause

3.1 Upon receipt of CAR, HOD/HOU shall promptly conduct an in-depth investigation to identify the root cause of the non-conformity within 10 working days from the date of issuance of the CAR.

3.1.1 Investigation can be done by interviewing the related officers or checking records and processes.

3.2 After identifying the root cause the HOD/HOU shall record the result of the investigation in the CAR and promptly notify the QMR/respective QC of the status of the CAR.

4.0 Determination of Appropriate Correction and Corrective Action

4.1 Once the root cause has been identified, the HOD/HOU shall immediately determine the correction and corrective action, and the time frame required to address the root cause.

4.2 When the correction and corrective action, and the time frame required to address the root cause have been determined, the HOD/HOU shall record them down in the CAR and promptly notify the QMR/respective QC on the status of the CAR.

5.0 Implementation of Correction and Corrective Action

5.1 After the correction and corrective action have been determined, the HOD/HOU shall immediately implement the correction and corrective action within the agreed time.

5.1.1 The HOD/HOU shall record down the correction and corrective action taken in the CAR.

5.2 Once the correction and corrective action have been implemented, the HOD/HOU shall immediately give the CAR to the QMR/respective QC.

5.3 Upon receipt of the CAR, the QMR/respective QC shall promptly update the CAR Monitoring Log.

6.0 Review of Effectiveness of Corrective Action

6.1 Upon receipt of the CAR, the QMR/respective QC shall set a date for the review of the corrective action and record the date in the CAR Monitoring Log.

6.1.1 The date of review may range from one to six months from the actual completion date of the corrective action, depending on the case.

6.1.2 The QMR/respective QC shall monitor the review date using the CAR Monitoring Log.

6.2 When the review date is due, the QMR/respective QC shall ask the HOS/other DO to review the effectiveness of the corrective action taken.

6.2.1 If the corrective action taken is effective, the HOS/other DO shall sign the CAR to close it and submit it to the QMR/respective QC to be updated in the CAR Monitoring Log.

6.2.2 If the corrective action taken is ineffective, the HOS/other DO shall

a) issue a new CAR to initiate another investigation of root cause and corrective action; and

b) Sign the CAR to close it and submit it to QMR/respective QC to be updated in the CAR Monitoring Log.

Note: The new CAR must be assigned a number that is the same as the initial CAR, with the letter 'A' added at the end.

7.0 Retention of Documented Information

7.1 Once the CAR is closed, the QMR/respective DC shall immediately place the CAR in the respective Corrective Action Request file and keep the file in the respective Registry room.

7.1.1 The Corrective Action Request file shall be categorised as "Open" document and can be accessed by every staff.

7.1.2 The Corrective Action Request file shall be kept for a maximum of 5 years.

7.1.3 When the Corrective Action Request file has passed its retention period, the QMR/respective DC shall seek the advice of the Departmental Record Officer for the disposal of the file.

Annexes

a) Corrective Action Request form
b) Corrective Action Request Monitoring Log.