Guidelines for corrective action submissions for clients

CORRECTIVE ACTION INSTRUCTIONS

1. All corrective actions, including verification, need to be completed before the due date.
2. Corrective actions must comply with the subscribed standard.
3. You may use your own corrective action process/format.
4. Keep copies of the complete corrective action submission for your records. Have them available on-site for your next audit.

Submit your corrective action package directly to your Lead Assessor via email.

Corrective action guidelines:
Per ISO 9000:2005
> Correction: action to eliminate a detected nonconformity
> Corrective Action: action to eliminate the cause of a detected nonconformity

Correction
> Correction should be written in the past tense
> A plan can be acceptable if it provides defined responsibilities with dates of implementation.
> Correction should include an assessment of the extent of the nonconformity and if similar occurrences were corrected (systemic correction).
> Example NCR: The calibration record for Micrometer #123 was not found.
Correction: Micrometer #123 was calibrated on dd-mm-yy. Micrometer #456 and Caliper #789 were also missing and calibrated on dd-mm-yy.

Root Cause
> A well-defined root cause will refrain from restating the finding or the direct cause.
> A well-defined root cause will include an analysis of the direct cause and true root cause.
Direct Cause: "Micrometer #123 was not in the calibration recall system …"
Root Cause: "… because the calibration process does not adequately define provisions for entering devices into the recall system."
> The root cause statement should address the fundamental issue without any additional "why" questions remaining (known as "5 Why")
> Additional root cause analysis methods: Ishikawa (Fishbone) Diagrams, "Is / Is Not", etc.

Containment
- This should normally go in the "correction" section of the finding report.
- When auditor accepts corrective action plan per 17021:2011 the client must submit evidence and the auditor must document a statement of what containment evidence was looked at for closure.

Corrective Action
> Corrective actions (or corrective action plan) will eliminate the cause of the nonconformity.
> If more than one root cause is defined, the response must address all causes.
> The response should demonstrate how recurrence will be prevented.
> Evidence of implementation will demonstrate that defined actions have been implemented.
CA: The calibration process was revised to include provisions for adding new devices in the recall system.
Evidence: 1) Revised process, 2) record of training on revisions

Verification of Effectiveness

> Plans for verification of effectiveness shall identify a timeline that includes responsibilities and should substantiate that corrective action will prevent recurrence once implemented.

> Scenario

Finding: Not conducting required audits

Occurrence Cause 1: Surveillance audit activities were not updated in the customer management database

OC1 Corrective Action: Develop work instruction to standardize the approach to forecasting semi-annual and annual audit *activities.*

Verification of effectiveness: For audit activity occurring in July, August, and September, forecasted schedules will be verified to ensure annual timing requirements will be met with the next audit activity.

CLIENT REMINDER LIST

Additional Corrective Action Requirements:

- **Intertek expects to receive corrective action responses within the required time frame.**
- **On-site reviews may be scheduled if corrective action responses are not received within the required time frame or certificate may be suspended**
- **Corrective action verification determined as ineffectively implemented at future audits may result in a major nonconformance being issued.**

Please also visit www.intertek.com/business-assurance/ for any complaints, appeals or concerns you may have.