

# Instructions For Corrective Action Plans Submission

GT001, rev. 2

Document # GP104-1-NA

Release Date: 18/05/2011

Page 1 of 5

Document Owner: GAM

Approvals: GMT

## Purpose

This document provides Intertek's clients with clear instructions with regard to providing responses to finding reports issued during audit activities.

## Scope

This document applies to responses to all finding reports.

## Responsibility

It is Intertek's clients' responsibility to provide complete and timely responses to finding reports.

### 1.0 General information

#### 1.1 Timeline

Submission of corrective action plans:

Unless specified otherwise on the finding report, the client shall submit a corrective action plan within **30 days** of the last day of the audit activity.

#### 1.2 Instructions

Use the Corrective Action Section (3) of the Finding Report (GF103-6.3) to document the Root Cause, Correction, and Corrective Action Plan along with your plan for verification of effectiveness and a target date for completion. Ensure the actions taken will eliminate the cause of the nonconformities identified during the audit activity and prevent their recurrence. If the client wishes to use its own documentation to provide its response to Intertek, please include Intertek's finding report as "**Page 1**" with the annotation "**See attached.**"

### 2.0 Content of the Corrective Action package

For acceptance by Intertek, the Corrective Action Plan submitted by the client shall include a copy of the finding report (GF103-6.3) and address the following elements: (reference Annex A below)

- a) Correction of the nonconformity, when applicable
- b) Analysis of the root cause of the non-conformity
- c) Identification of the actions needed to eliminate the cause and prevent recurrence of the nonconformity
- d) Identification of the means to be used to verify the effectiveness of the proposed actions
- e) The timeline for the above (Assigned responsibilities and target dates). Implementation and verification is to be completed within 90 days of the date identified.

### 3.0 When Corrective Action / Action Plans are not required

#### 3.1 Opportunities for improvement:

Opportunities for improvement are provide to our clients as part of our value-added service. No official response is required.

#### 3.2 Finding issued during Pre-audit activities

Nonconformities issued during pre-audit activities are provided to the client for information only. No official response is required, although the client should take appropriate action to correct the finding.

## Instructions For Corrective Action Plans Submission

GT001, rev. 2

Document # GP104-1-NA

Release Date: 18/05/2011

Page 2 of 5

Document Owner: GAM

Approvals: GMT

### 3.3 Areas of concern for Stage II

Should be documented as part of the Stage I report. These are provided to clients as part of our value added service. Although no official response is required, the client should take any necessary action to ensure correction so concerns do not get classified as nonconformities during the stage II audit.

### 4.0 When a Corrective Action Plan is required

#### 4.1 Findings issued during Stage I activity (Documentation Review / Stage I audit)

- 4.1.1 All findings (minor and major) issued as a result of the documentation review and or Stage I activity, are to be addressed with a corrective action plan before the beginning of the Stage II activity. In such cases, the corrective action plan shall address the corrections that will be made to ensure conformity with the requirements of the applicable standard.
- 4.1.2 For minor non-conformities, the plan needs to be submitted to Intertek per the timeline specified by the auditor. Verification of the correction will take place at the beginning of the Stage II activity.
- 4.1.3 For major nonconformities, evidence of implementation of the required corrective action shall be submitted to the lead auditor and Intertek **at least 10 working days** before the beginning of the Stage II activity. Verification of the implementation will take place at the beginning of the Stage II activity. Intertek will not proceed with Stage II activity until major findings are addressed.
- 4.1.4 In all cases any findings related to the stage I activity shall be submitted, verified and closed prior to the certificate issuance.

*(Note: For ISO/TS 16949:2002, no open non-conformities are allowed for Stage I approval.)*

#### 4.2 All findings identified during:

- Stage II activity
- Surveillance audits
- Re-certification audits
- Special surveillance audits

- 4.2.1 Findings issued, minor and/or major, as a result of any of the above are to be addressed with a corrective action plan. In such cases, the corrective action plan shall address all elements of Section 2.1 (a-f) above.
- 4.2.2 For major nonconformities, corrective action shall be submitted to Intertek as per the timeline specified by the auditor. Major nonconformities typically require on-site verification of corrective action.
- 4.2.3 All findings shall be closed before a recommendation for certification can be made.

#### 4.3 Findings issued during a multi-site audit

When nonconformities are found at any individual site, either through the organization's internal auditing or Intertek's audit, the organization shall investigate to determine whether the other sites may be affected. Therefore, Intertek requires the organization to review the nonconformities to determine whether they indicate an overall system deficiency applicable to other sites or not. If they are found to do so, corrective action should be performed and verified both at the central office and at the individual affected sites. If they are found not to do so, the organization should be able to demonstrate to Intertek the justification for limiting its follow-up corrective action.

## Instructions For Corrective Action Plans Submission

GT001, rev. 2

Document # GP104-1-NA

Release Date: 18/05/2011

Page 3 of 5

Document Owner: GAM

Approvals: GMT

### 5.0 Closing of Audit Finding Reports

#### 5.1 During a visit

The auditor shall obtain objective evidence that the proposed corrective action has been implemented and verified as defined by the plan submitted by the client. Upon satisfactory completion of this activity, the auditor shall close the finding report.

#### 5.2 Remotely

If it is determined that the finding can be closed remotely based on the review of objective evidence provided by the client, the review performed by the auditor shall satisfy the same requirements as if on site. In these cases, a follow up verification shall take place during the next visit.

#### 5.3 Corrective Action Verification determined as ineffective

Corrective actions verified as ineffectively implemented at future audits will result in a major nonconformity being issued.

### 6.0 To dispute an audit finding

**The Dispute and Appeals Process** GP208 is to be used by clients who wish to dispute a certification decision. It also applies in the case of clients who are not satisfied with the results of the dispute process and wish to appeal the decision.

**This process is publicly available on our website:**

[http://www.intertek.com/uploadedFiles/Intertek/Divisions/Industrial\\_Services/GP208\\_Dispute\\_and\\_Appeals.pdf](http://www.intertek.com/uploadedFiles/Intertek/Divisions/Industrial_Services/GP208_Dispute_and_Appeals.pdf)

### 7.0 Submission to Intertek

#### 7.1 North America

Corrective action plans can be submitted to Intertek electronically or by fax to the following address(es):

##### E-Mail

Please use the following email addresses and copy your auditor:

SC-NC Corrective Action Plans (All other Standards): [SC.Caction@Intertek.com](mailto:SC.Caction@Intertek.com)

TS Corrective Actions (ISO/TS 16949): [TS.CAction@intertek.com](mailto:TS.CAction@intertek.com)

Please name files as per below example

**Please send complete packages for all nonconformities at one time**

**NOTE:** To the appropriate Intertek office (Please verify with your auditor or as follows)

##### Fax

Intertek (Kentwood)	Intertek (Boxborough)	Intertek (Canada)
---------------------	-----------------------	-------------------

## Instructions For Corrective Action Plans Submission

GT001, rev. 2	Document # GP104-1-NA	Release Date: 18/05/2011	Page 4 of 5
Document Owner: GAM		Approvals: GMT	

(616) 656-1376	(978) 635-8595	(514) 631-0882
Attn: NC CA Plans	Attn: NC CA Plans	Attn: NC CA Plans

### Annex A – Root Cause and Corrective Action Analysis

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 across similar products / processes and if similar occurrences were corrected (systemic correction).

#### **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")
- > Consideration should be given to *Occurrence Causes* and *Escape Causes*. An occurrence cause is related to "how a nonconformity happened" and an escape cause is related to "why the nonconformity was not detected"
- > Additional root cause analysis methods: Ishikawa (Fishbone) Diagrams, "Is / Is Not", etc.

#### **Corrective Action**

- > Corrective actions (or corrective action plans) 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. Note: internal audits are not preventive techniques.
- > Evidence of implementation will demonstrate that defined actions have been implemented.

#### **Verification of Effectiveness**

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

#### **Example Nonconformity**

Finding: The calibration process is not always effective in ensuring required records are maintained.

Requirement: ISO 9001:2008, clause 7.6 Control of monitoring and measuring devices  
 The organization shall determine the monitoring and measurement to be undertaken and the monitoring and measuring devices needed to provide evidence of conformity of product to determined requirements (see 7.2.1)..... Records of the results of calibration and verification shall be maintained (see 4.2.4).

Objective Evidence: A calibration record for Micrometer #123 was not found.

#### **Example Response to the Nonconformity (Root Cause and Corrective Action)**

Correction: Micrometer #123 was calibrated on dd-mm-yy. Reviewed remaining gages (124 in total) and found 2 more without calibration records. Micrometer #456 and Caliper #789 were also calibrated on dd-mm-yy.

## Instructions For Corrective Action Plans Submission

GT001, rev. 2	Document # GP104-1-NA	Release Date: 18/05/2011	Page 5 of 5
<b>Document Owner:</b> GAM		<b>Approvals:</b> GMT	

Root Cause: Micrometer #123, #456, and Caliper #789 were not in the calibration recall system because the calibration process did not adequately define provisions for entering new devices into the recall system.

Corrective Action: 1) The calibration process was revised to include provisions for adding new devices in the recall system. 2) Training on the revised calibration process was provided to all employees.

Evidence of Implementation: 1) Calibration records for gage # 123, #456, and #789. 2) Revised process released into the management system (release date 18-May-2011). 3) Record of training on revised process.

Plan for Verification of Effectiveness: Identify 3 devices put into service after 18-May-2011 and verify that they are properly identified within the calibration recall system. Verify the 3 devices have current calibration records.

Revision Log		
Revision no.	Description of change	Release date