1.0 PURPOSE

This document defines the policies and guidelines to identify and control nonconforming products/services during PSC operations and QMS scope.

2.0 POLICY

PSC shall provide services to its clients in accordance with their specified requirements. As such, it is the policy of the PSC to ensure that all services that do not conform to requirements are identified, evaluated, and resolved in accordance with the guidelines as provided in this document.

3.0 DEFINITION OF TERMS:

3.1 NC - Nonconformity. Deviation from a specified requirement that need immediate action.
3.2 OFI- Opportunity for Improvement. A lapse in the system that causes minor errors or may cause potential problems in PSC operations and therefore may need to be improved.
3.3 RFA - Request for Action form. This is used to initiate and record the identified NC/OFI and monitor the status and actions taken relative to the NC/OFI.
3.4 Disposition- Actions to be taken to nonconformities
3.5 Control Measures- Actions to be taken to prevent occurrence of an identified Nonconformity

4.0 SCOPE

This document applies to all products/services provided by the PSC for its clients, where nonconformities may arise during PSC operation or QMS scope.

Furthermore, this procedure shall establish the requirements for:

4.1 Reviewing nonconformities (including customer complaints);
4.2 Determining the causes of the detected and potential nonconformities;
4.3 Evaluating the need for action to prevent the occurrence and recurrence of a nonconformity;
4.4 Determining and implementing action needed;
4.5 Records of the results of action/s taken;
4.6 Reviewing the effectiveness of the corrective actions taken;
4.7 Defining the controls and related responsibilities and authorities for dealing with nonconforming services.

5.0 RESPONSIBILITIES

5.1 QM Committee- Identifies the nonconformity and initiates the control and disposition measures, in coordination with assigned Supervisor or authorized officer. He or she Records the information/data related to nonconformity as per Corrective and Preventive Action Procedure

5.2 Concerned Heads/ Process Owners- Identifies nonconformities, establishes the control methods, defines responsibilities and authorities, and reviews and approves the necessary action to address the identified nonconformity.

5.3 Internal Quality Audit Team -verifies if the disposition measures to eliminate the NCs have been effectively carried out.

6.0 PROCEDURE DETAILS

Ref. No.	Key Activities	Responsibilities
6.1	Identification of nonconformity	Process Owners
6.2	Root cause Analysis	Process Owners
6.3	Resolution of Non Conformity	
6.4	Implementation of Appropriate Action	Refer to Control of Nonconformity Matrix
6.5	Verification of Action Taken	IQA Team/Department Head / Agency Head
6.6	Documentation of	

6.1 - Identification of nonconforming products/services

Nonconforming products/services may arise, from agency operation or QMS scope, when deviation(s) from the following project documents happened during execution:

- Financial Plan
- Work Plan
- Contract with suppliers, including resources persons/consultants
- Code of Conduct

- Upon identification, such nonconformity are recorded using the RFA form. Refer to PSC-QP-04 Corrective and Preventive Action Procedure.

- Identify outputs that do not conform to their requirements.

Nonconforming outputs may be detected

- *Internally, by Unit Staff; (through observation, monitoring, inspection, verification and review);*
- *Externally, by the customer; (relayed through feedbacks or complaints);*

Document your organization's nonconforming outputs.

6.2 Verification of Nonconformity

- All documented nonconformities are referred to the ----, for verification and analysis of the nonconformity, using appropriate problem solving

tools/techniques. The ---, depending on the nature of nonconformity, may initiate a meeting with concerned individuals to facilitate the verification and identification of root cause. Evaluate nonconforming outputs and examine their impact. (Evaluate NC's against procedures, guidelines, specifications, quality plans)

6.3 Resolution of nonconformity

- After problem analysis, the necessary corrective/preventive action are formulated and recorded in the RFA form. Whenever possible, the target date for completion of "Action to be Taken" are indicated in the RFA, as basis for the subsequent follow-up and verification of action taken and result. Take appropriate action to control nonconforming outputs.
  - Determine and apply initial disposition to contain the problem; (to avoid additional NC's; prevent from worsening);

  (Refer to "Control of Nonconformity Matrix")
- Verify conformity when nonconforming outputs are corrected

  Determine and apply final disposition so that: 1) NC product/service is made to conform to requirements, or 2) is prevented from unintended use or delivery Document the actions and decisions taken to prevent the unintended use or delivery of nonconforming outputs

6.4 Follow-up on Action Taken

With reference to the submitted RFA, the --- , may conduct follow-ups on "action to be taken" and perform some verification to ensure that appropriate action have been taken to address the identified nonconformity. If the implemented resolution or control measure, to address the identified nonconformity, is found to be more effective and/or efficient, such approach may be adopted to update the established Control of Nonconformity Matrix. Revision of such Matrix follows the Document Control Procedure.

6.5 The matrix below describes the disposition and/or control measures applicable to identified NCs.

CONTROL OF NONCONFORMITY MATRIX

Nature of Nonconformity	Disposition/Control Measures	Responsibility
Customer Complaints (Venue rentals, Grassroots Program information dissemination, delay in the processing of documents – NSAs)	• Issue Request for Action (RFA) • Inform concern unit	• QMS Leader/Head • Concern Unit
Unachieved Quality Objectives, KPIs, OPCR, IPCR, MFOs	• Issue Request for Action (RFA)	• Top Management • QMS Leader/Head • QMS Core Team

Nature of Nonconformity	Disposition/Control Measures	Responsibility
Internal Audit Findings	• Issue Request for Action (RFA)	• IQA Team • Concern Unit
Unachieved Customer Satisfaction Target	• Issue Request for Action (RFA)	• Top Management • QMS Leader/Head • Admin
Delays on timeline implementation (Grassroots Program)	• Issue Request for Action (RFA)	• Concern Unit
Delay on the submission of Committee Reports (Grassroots Program)	• Issue Request for Action (RFA) • Issue Memo	• Executive Director • QMS Leader/Head
Releasing of new funds to NSAs with unliquidated F/As	• Issue Request for Action (RFA) • Demand Letters	• ED • Legal Office • Top Management
Received nonconforming purchased items	• Issue Request for Action (RFA)	• Property Office
Inability to notify customer re changes in planned arrangements (Venue/Dorm)	• Issue written explanation/apologies	• SFD

7.0 REFERENCES:

7.1 PSC-QP-01 - Documented Information Procedure
7.2 PSC-QP-04 - Corrective Action Procedure
7.3 PSC-QP-05 F04 - Request for Action Form
7.4 PSC Code of Ethics

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