Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

CENTRAL OFFICE

Manila

2 2 APR 2022

DEPARTMENT ORDER)

NO._____)

Series of 2022

A 4 22 | 2022

SUBJECT: Control of Nonconforming Outputs and Corrective Action Procedures

In connection with the implementation of the Department's Quality Management System (QMS) and its provisions, the DPWH shall evaluate the need for action to eliminate the identified nonconformity and its causes so it does not recur or occur elsewhere. This shall be done by reviewing and analyzing the nonconformity, determining the causes of the nonconformity and determining if similar nonconformities exist, or could potentially occur. Further, the DPWH shall implement any action needed and review the effectiveness of any corrective action taken. With this, the Control of Nonconforming Outputs and Corrective Action procedures and pertinent forms are hereby established.

This Order, which supports the QMS requirement on Nonconformity and Corrective Action, shall take effect immediately and shall supersede the Mandatory Procedures DPWH-QMSP-04 and DPWH-QMSP-05 as stated in Department Order No. 43, series of 2019.

ROGER G. MERCADO

Acting Secretary

Encl: Control of Nonconforming Outputs and Corrective Action procedures and pertinent forms

1.3 JGT/AGC

Department of Public Works and Highways Office of the Secretary

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Quality Management System

Control of Nonconforming Outputs and Corrective Action Procedures

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1.0 Purpose

To define a system for identifying nonconforming outputs and applying the necessary control to prevent its unintended use or delivery and establish standard procedure in identifying nonconformities, determining the cause/s of nonconformities, and providing action to ensure that nonconformities do not recur.

2.0 Definition of Terms

Correction

Refers to an action or measure taken immediately or in the near term to deal with the Non-Conformity. Shall be approved by the QMS-Core Team Leader prior to implementation.

Corrective Action

Refers to an action to be taken to eliminate the root cause of the Non-Conformity and prevent its recurrence. This includes the steps to be taken for the action to be implemented and requires carrying out a root cause analysis prior to the formulation of the action. It shall be feasible, appropriate and system-focused. Shall be approved by the Process Owner prior to implementation.

Disposition

Refers to action taken concerning the detected nonconforming output.

Nonconformity (NC)

Refers to findings that are non-compliant to established QMS standards (i.e., ISO 9001:2015 clauses, Department policies and/or Laws) or failure to perform the standard process as evident from the failure to present the documented evidence during the audit period.

Nonconforming Output Refers to a good or service that DPWH is mandated to deliver that does not meet established QMS standards (i.e., Department policies and/or Laws).

Process Owner

An office (i.e., Bureau, Service or Cluster) or group of offices that has the authority and jurisdiction to standardize the processes that are covered by the QMS. Standardization is made thru issuance of policies, manuals and guidelines.

Root Cause Analysis (RCA) The various tools that generally identify the causal or contributing factor/s that sets in motion the cause-and-effect chain which resulted to a problem. If performed correctly, would prevent recurrence of the identified problem. RCA may be considered in any number of situations, but not limited to:

- Involving an unexpected risk event
- Process or product failure



Quality Management System

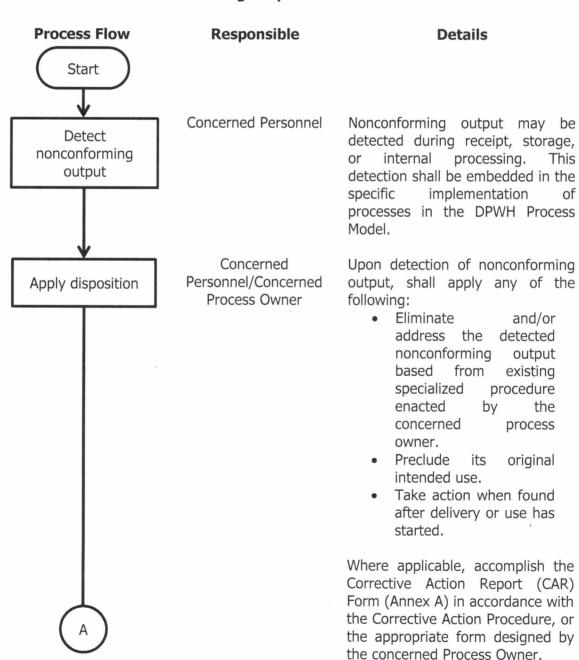
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- Asset damage or loss
- Production stoppage
- Safety incident
- Quality degradation
- Customer dissatisfaction

3.0 General Procedure

3.1 Control of Nonconforming Output

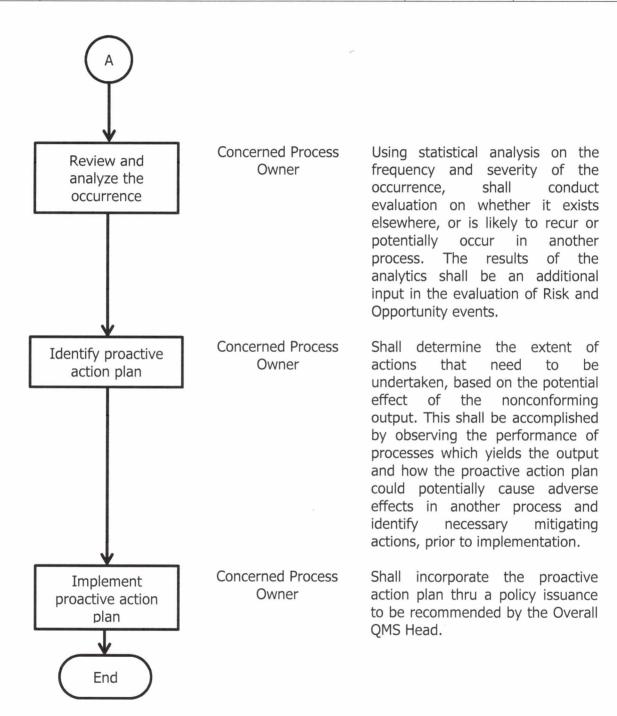




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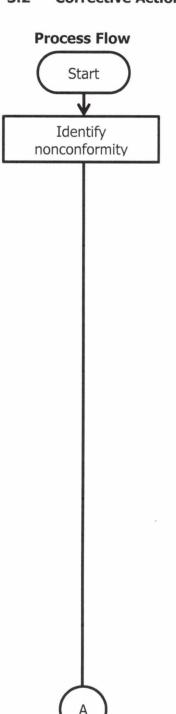


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3.2 Corrective Action



Responsible

Details

Auditor/Initiator,
Overall QMS Head,
Overall QMS
Secretariat

Nonconformity may be identified through, but not limited to, the following:

- Customer feedback and complaints
- Conduct of Internal Quality Audit
- Conduct of External Audit (3rd Party)
- Critical incidents on day-today operation where there is non-fulfillment of any QMS requirement

The NC shall clearly document the criteria or requirement not being met and the specific evidence that demonstrate the existence of the NC.

Once identified, the CAR Form (Annex A) shall be accomplished to properly account the details of the nonconformity and the criterion/requirement it has violated.

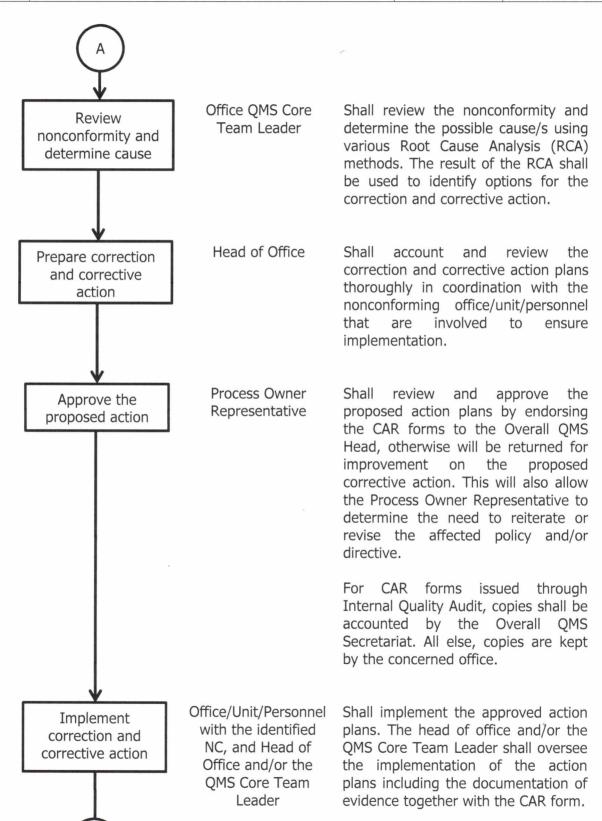
The accomplished CAR Form shall then be forwarded to the Overall QMS Head, thru the Overall QMS Secretariat. Once approved, a Copy of the CAR Form shall be provided to the Head of Office where the Nonconformity was identified, attention: Office QMS Core Team Leader.



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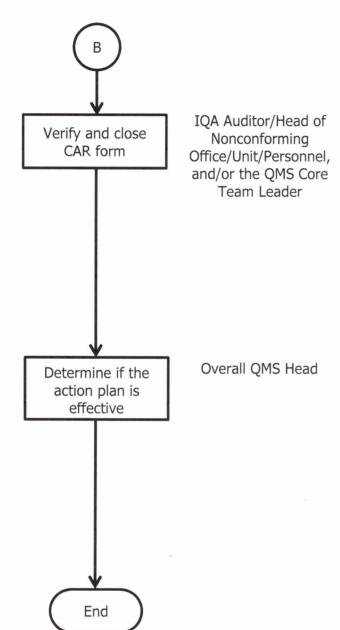




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For CAR forms issued through the IQA, verification of effectiveness of actions taken is done through the next scheduled IQA using the accomplished CAR form as basis of commitments.

For other forms of NC issued outside the IQA, verification is done by the concerned process owner.

Also, revisit and update the Risk and Opportunity Registers, if necessary.

Summarize results of corrective action and discuss the evaluative analysis of effectiveness in the Management Review. If the action plan is implemented and found effective, revision of existina documents or creation of a new document, which shall follow the Control of Document Procedure, may be recommended. This will consider the need for changes to any of the major processes within the DPWH Process Model.

4.0 References

ISO 9001:2015 Standards

5.0 Attachments

(Annex A) Corrective Action Report (CAR) Form



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6.0 Approval

Prepared by:

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Planning Officer IV

Team Leader, Overall QMS Secretariat

Approved by:

ADOR G. CANLAS, CESO IM

Assistant Secretary for Mindanao Operations Head, Overall QMS

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Reviewed by:

MEDMIER 6. MALIG

Director IV

Team Leader, Overall QMS Core Team



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Corrective Action Report (CAR) Form

SECTION 1 — DETAILS OF NONCONFORMITY (The auditor/initiator is to provide detailed evidence of the non-conformance)						
SITE		CAR NO:	D	ATE (SED:		
Reference:		Clause Code		CAR of		
Identified the	"u: Customer Feedback/Complaint	Internal Qu	ality AuditCritical In	cidentOthers (specify)		
Description of	Description of the Nonconformity: (Include Evidence)					
Issued by:		Issued to	O: (Head of Office)			
Si	ignature over Printed Name		Signature over F	Printed Name		
(The client should	SECTION 2 — CLIENT RE conduct a thorough investigation of the c a relevant respon	circumstances to	correctly identify the Roo			
CORRECTIO (What do you in	N Proposed by Client tend to do to correct the immediate p	problem)				
Target Completic	on Date:					
Proposed By – (Client Rep):	Name and Signature		Date by which correction will be implemented:			
Client Analysis of the Root Cause (What do you think caused the problem in the first place, and why?)						
Analyzed by:				š		
, 571		Name and	l Signature			



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Corrective Action Report (CAR) Form

Client Description of the specific Corrective Actions taken, or planned to be taken (What do you intend to do to address the Root Cause that you have identified above?)					
		~			
Proposed By – (Client Rep):	Name and Signature		Date by which corrective action will be implemented:	I	
Approved By – (Process Owner Rep):	Name and Signature		Date approved for implementation:		
(For any respond carefully consider	SECTION 3 — VERIFICATIOn se to non-conformance offered by the client whether the rapid actions do indeed identification raised and decision with evidence reconstruction.	nt durin	g the actual audit, the correct Root Cause. In	e validating auditor must all case the CARs shall be	
	red and verified the correction and proposed and objective evidence of		S:	NO:	
Objective Evidence	e Presented				
Justification for th	e above decision:				
I hereby declare that the issued CAR, defined, corrected and validated by this form, CLOSED					
Verified by :	Name and Signature of Validating Auditor	-	Verification Date:	i	
Acknowledged by:	Name and Signature of QMS Head		Closing Date:		