ETHIOPIAN ACCREDITATION SERVICE	**Non-Conformities and Corrective Action Procedure**	**Copy No.** **Page 1 of 6** **Document No. P09.5** **Rev No. 1.7** **Effective date: 2023-02-07**

Reviewed by : Zewdu Ayele	**Approved by: Meseret Tessema**
Position : Quality Manager	**Position : Director General**
Signature :	**Signature:**

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1 Purpose

The purpose of this document is to identify and manage activities that do not conform to EAS ’s management system and to the requirements of ISO/IEC 17011 and to ensure that necessary corrective actions are taken to eliminate recurrence of non-conformities.

2 Scope

This procedure is applicable to the entire quality system and accreditation activities of EAS .

3 References

ISO/IEC 17011, 2017 Conformity Assessment – requirements for accreditation bodies accrediting conformity assessment bodies.

4 Responsibility

All personnel are required to identify and bring to the notice of the Quality Manager if they observe any non-conformity in their individual activities.
The Quality Manager is responsible for identification and management of non-conformities as well as implementation of appropriate corrective action, through support from all concerned.

5 Procedure

5.1 Source of non-conformities

The non-conformities may be identified through any of the following sources:

- Internal audit,
- Complaints,
- Peer evaluation,
- Management Review
- Feedback from CABs, EAS staff, assessors, or committee members

5.2 Identification and management of non-conformities

Non-conformities may be identified by anyone involved in EAS activities, through any of the sources as indicated 5.1. Any observed non-conformities shall be raised for corrective action by completing the Non-Conformance, Corrective Action and Clearance Report for internal process (Form F09.5/01) and presented to the Quality Manager.

5.3 Root cause analyses and identification of corrective action

The Quality Manager shall determine or assign person or function to determine the root causes of the identified non-conformities. Cause analysis is carried out by the participation, if necessary relevant staff members in identifying the most likely causes of the non-conformities. Root cause analyses may result in more than one likely cause in which case they will be prioritized for action by the respective function.

5.4 Corrective actions

5.4.1. The staff member nominated for taking corrective action shall ensure that the corrective action is completed within the agreed time frame.

5.4.2. Should the corrective action require changes to the EAS documented system, then the respective body shall be Communicated and responsible for its implementation.

5.4.3. The maximum time allowed to take corrective action for non-conformities identified by different method as indicated in section 5.1 shall be two month if the non-conformity identified can't be cleared in two months, one month additional time may be allowed with justified reason on the decision of Director General/Deputy Director General/Quality Manager or Accreditation Directors.

5.5. Verifying implementation and effectiveness of corrective actions

5.5.1. The Quality Manager shall evaluate the effectiveness of all corrective actions taken both in resolving the original non-conformity and in preventing its recurrence in three months after the corrective action taken but it may be shorten depends on the impact of the problems.

5.5.2. The Quality Manager shall maintain records of all corrective actions taken.

5.5.3. In addition, the effectiveness of the corrective action taken shall be verified during internal audit.

6 Records

- F09.5/01:Non-Conformance, Corrective Action and Clearance Report for Internal Process

Revision No.	Date approved	Revision History
1	2013-12-20	Clause 3 was revised to indicate that Quality Manager is responsible for Identification and management of non-conformities as well as implementation of appropriate corrective action, through support from all concerned Clause 4 was revised to indicate that the Quality Manager shall responsible to determine or assign person or function to determine the root causes of the identified non-conformities and evaluate t5he corrective action taken.
2	2015-02-24	Clause 4.4 was revised to indicate the maximum time allowed to take corrective action for non-conformities identified by different method as indicated in section 4.1. Clause 4.5 was revised to indicate the time to evaluate the effectiveness of all corrective actions taken. The term procedure was added to the title. Clause 4.4.3 was revised to include Deputy Director General/Quality Manager or Accreditation Directors
3	2017-06-30	Clause 4.6 and Clause 5 was revised to change Non-Conformance, Corrective Action and Clearance Report (Form F07/09) to F05.5/01:Non-Conformance, Corrective Action and Clearance Report for Internal Process
1.4	2018-10-17	The document was revised because of the new standard ISO/IEC 17011:2017
1.5	2021-02-24	Clause 4.1 included management review Clause 4.4.2 added communication to respective body
1.6	2022-05-09	The document is revised due to the name Ethiopian Accreditation Office (ENAO) change to Ethiopian

		Accreditation Service (EAS) and new logo developed.
1.7	2023-02-07	• Correction done on page 1 that, this document was prepared by Meseret Tessema replaced by Zewdu Ayele (new quality manager). • Former director general was resigned and replaced by Mrs. Meseret Tessema.