Rwanda Standards Board

NQTLD - SYSTEM PROCEDURE : NQTLD/ SP -11

TITLE	AUTHOR (S)
COMPLAINTS , NONCONFORMING WORK AND CORRECTIVE ACTIONS	**SIBOMANA T. PAUL**
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AUTHORISATION
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SIGNATURE	
DATE	

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INSTRUCTIONS

1. Controlled issues of this SP may **not** be copied
2. **All** amendments shall be written on the page provided
3. **Only** authorized, numbered, stamped copies of this SP as described in the document control section above, shall be used
4. This SP shall **not** be used outside the NQTLD without the authority of the authorizing personnel.

Rev. 6	***NEXT REVIEW DATE :25 /4 /2024***

1. Contents

2. Record of Changes/ Review

All changes made to this document (NQTLD/SP -11) shall be recorded in Appendix C.

3. Abbreviations

The abbreviations provided in the LM-1 shall apply:

4. SP- Distribution

This System procedure (**NQTLD / SP -11**) is issued on a control basis. Electronic documents are accessed on the testing server by all NQTLD staff

5. Purpose

This procedure describes how handling complaints, nonconforming work and corrective actions is done in NQTLD.

6. Scope

6.1 This System procedure covers the process of handling complaints, nonconforming work and corrective actions. From the time the complaint/nonconformity is received up to when it is closed and a customer gets feedback.

7. References

7.1 ISO/IEC 17025: 2017 Clause 7.9, 7.10 and 8.7

7.2 Testing Laboratory Manual (LM-1)

8. Terms used

In the context of this System Procedure, the terms defined in TQM -1 shall apply in addition to the following:

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8.1 **Complain t**. Expression of dissatisfaction by any person or organization to a laboratory related activities or results of that laboratory, where a response is expected.

8.2 **Complainant :** any person or organization with expression of unsatisfactory towards NQTLD activities of Laboratory results.

8.3 **A nonconformance** is a non-fulfillment of the requirement.

8.4 **Root cause:** The fundamental deficiency that results in a nonconformance that must be eliminated through corrective action to prevent recurrence of the same or similar nonconformance.

8.5 **Correction:** Action taken to eliminate an occurrence/problem that may or may not happen again. A correction may or may not have a root cause or need an implementation plan. These actions will be tracked and if need be will become a corrective action or preventive action.

8.6 **Corrective action** – This is an endeavor taken to eliminate the causes of a detected non -conformance, defect or other undesirablesituation in order to prevent reoccurrence.

8.7 **Non-conformance** – This is non-fulfillment of a specified, or implied, requirement of the Quality Management System or of a quality work product.

8.8 **Cause** – A cause is a fundamental deficiency that results in a non - conformance and is to be corrected to prevent reoccurrence of the same, or similar, non -conformance.

9. Principal Responsibilities

9.1 All personnel in NQTLD are responsible for initiation of complaint on behalf of the complainantand identification of non conforming work.

9.2 The LDM is responsible for the orientation of complaints, organizing corrective action , and communication of resolution to the complainant.

9.3 The NQTLD-QMSO is responsible to ensure complaints, nonconforming work identified are well addressed and corrective actions taken are appropriately done .

10. Procedure

10.1 Receiving Complaints

10.1.1 Complaints may be lodged by any person or organization through various means such as writing, electronically through e-mail, by telephone, and in person.

10.1.2 NQTLD makes available the complaints handling procedureto any interested party on request.

10.1.3 Any NQTLD personnel are authorized to receive a complaint from the customer or fills the complaint form **(NQTLD / F -15)** on behalf of the customer and submits the form to the LDM.

10.2 Processing Complaints

10.2.1 The LDM orients the complaints by assigning a team to conduct investigation and forwards the complaints to QMSO for registration in complaint register (**NQTLD REG -11)** and complaint processing follow up.

10.2.2 Whenever possible the assigned investigation team iscomposed of at least one person not involved in the activity/ service in question.

10.2.3 The QMSO codes the received complaint as "Division abbreviation/serial number /month/year in two digits'' eg. NQTLD/01/01 /19.

10.2.4 The NQTLD-QMSO coordinates with LDM to ensure - that the assigned investigation team investigate the root cause by gathering and verifying all the necessary information to validate the complaint and conduct corrective actions where needed in

due time. The root cause analysis is conducted using NQTLD/F-24. stage.

10.3 Monitoring, Complaint investigation outcome and Closing

10.3.1 NQTLD strives to resolve all complaints within **five** working days whenever possible.

10.3.2 For complaints whose investigations involves a long process or need retesting of samples, the time may exceed five working days.

10.3.3 After investigation, the investigation team reports on the investigation outcome to indicate the validity of the complaint.

10.3.4 For complaint which turns into nonconforming work, the corrective and preventive action form NQTLD/F -24 is filled and managed as nonconforming work as described in clause 10.4 of this procedure.

10.3.5 The NQTLD-QMSO monitors the implementation of the decided corrective action and also keep s the records thereof.

10.3.6 The customer is informed by the LDM about the results of the investigations and corrective actions taken for valid complaint

10.3.7 The LDM communicates to the complainant the outcome of the complaint investigation and formal notice on closure of the complaint through writing, mails or any other way in which the evidence of communication is retained.

10.3.8 All records for complaint handling are kept in QMSO office.

10.4 CONTROLL OF NON CONFORMING WORK

10.4.1 Nonconforming work identification and registration

10.4.1.1 Nonconformities are identified by any NQTLD personnel, by various means such as internal quality control, proficiency tests, internal audits, routine work, risks assessed, customer complaints and other various checks.

10.4.1.2 Nonconformities identified in NQTLD are in two categories I and II.

10.4.1.3 Category I are nonconformities identified within the Laboratories through Laboratory's initiated tools to evaluate the implementation status of the planned activities both LMS and technical related.

10.4.1.4 Category II involves other nonconformities identified in NQTLD by any other NQTLD personnel not directly involved in the particular laboratory activity in question including non conformities originating from proficiency tests.

10.4.1.5 The non conformity in category I are received and registered by relevant LD and are coded as, "Unit abbreviation /serial number /month/year in two digits '' e.g CLU/01/ 01/19.

10.4.1.6 While the non conformities in category II are received and registered by QMSO in NQTLD/REG -12 and are coded as "Division abbreviation/serial number /m onth/year in two digits'' eg. NQTLD/01/01 /19.

10.4.1.7 Upon identification of the nonconformity, the corrective and preventive action form NQTLD/F -24 is filled (see the F -24 in sp-14,appendix F).

10.4.2 Evaluation of nonconforming

10.4.2.1 The LD evaluates or assigns a team for evaluation for non conformities in category I .

10.4.2.2 For non conformities in category II, QMSO forwards the received or initiated filled corrective and preventive action forms to LDM who assigns the evaluation team .

10.4.2.3 The assigned team conduct the root cause analysis through use of root cause analysis form NQTLD/F -19 in appendix C, and propose the corrective action where needed.

10.4.2.4 NQTLD strives to resolve all nonconformities within **fourteen** calendar days whenever possible.

10.4.2.5 For nonconformities whose root cause analysis involves a long process or need retesting of samples, the time may exceed fourteen working days but not exceeding **30 working days.**

10.4.2.6 The LD makes follow up to ensure all identified non conformities in their respective units are addressed and checks the effectiveness of the corrective action and root cause analysis done and maintains all the records (corrective action, root cause analysis) and any other relevant document pertaining the identified nonconformities.

10.4.2.7 QMSO in collaboration with LDM ensures that the nonconformities in category II are appropriately addressed and closed in due time.

10.4.2.8 Following the risk level of the evaluated nonconforming work, different actions are taken (halting of work, repeat of test (s), withhold of test reports or recall of test reports) are taken.

10.4.2.9 Following the severity of the evaluated nonconforming work, the decision to stop work is taken by LDM in collaboration with QMSO, relevant LD and LLO.

10.4.2.10 If work was stopped due to the nonconformance, the LD and the relevant LLO determine when it is appropriate to resume, and LDM authorizes the resumption of work.

10.4.2.11 The assigned team to address a specific identified nonconformity evaluates the extent and possibility of recurrence and when possibility of recurrence is considered the corrective action is taken.

10.4.2.12 Where necessary, the LDM notifies the customer on the action taken.

10.4.2.13 For nonconformities in category I all the records are retained in relevant LD's office while for nonconformities in category II all records are retained in QMSO office.

10.5 CORRECTIVE ACTIONS

10.5.1 Corrective action starts with root cause analysis to determine whether correction only is sufficient or if corrective action is needed as described in non conforming work management in this procedure.

10.5.2 The assigned team to address the nonconformity examine the extent of the nonconformity (incident or structural?) and possible impact of the results.

10.5.3 After establishing the cause and extent of the nonconformity, the assigned team proposes and implements the appropriate action (s).

10.6 Monitoring the effectiveness of the corrective action

10.6.1 The responsible personnel to ensure the identified nonconformity as indicated in clause 10.4 nonconforming work management in this procedure verifies the relevance of the root cause analysis performed and proposed corrective action, and may accept or suggest modification.

10.6.2 Depending on nonconformity category, the QMSO/LD or LDM verifies, approves and close the non-conformity ,

10.6.3 In case the corrective action shows not to be effective, another or extra corrective action may be chosen.

10.6.4 Depending on the nature of the non conformity , when found necessary the assigned team to address the nonconformity may suggest to QMSO to update the determined risks and opportunity or make changes to the management system. This will be done through filling of the document change proposal and will be treated the same way as any change in LMS documents as described in NQTLD/SP -13.

10.6.5 Based on the nonconformity category the records for each identified non conformity are retained either by LD or QMSO .

APPENDICES

Appendix A: Complaints form

Rwanda Standards Board	NATIONAL QUALITY TESTING LABORATORIES DIVISION	Form No: NQTLD/ F-15 Revision: 5 Effective Date: 25/4/2019 Page 1 of 1
Subject	**Complaint form**	

Customer Details

Complainant name ....
Organization..... ....
Designation .....
Physical Address:
....
..... Business
tel. Number: ....
Mobile tel. Number: ....
Email Address: .....

Complaint details

Complaint description ....
....
....
....
Date : .....
Mode of Communication(*tick where appropriate*) □ VERBAL
□ BY TELEPHONE
□ WRITTEN
□ BY EMAIL

Complaint received by (LDM)

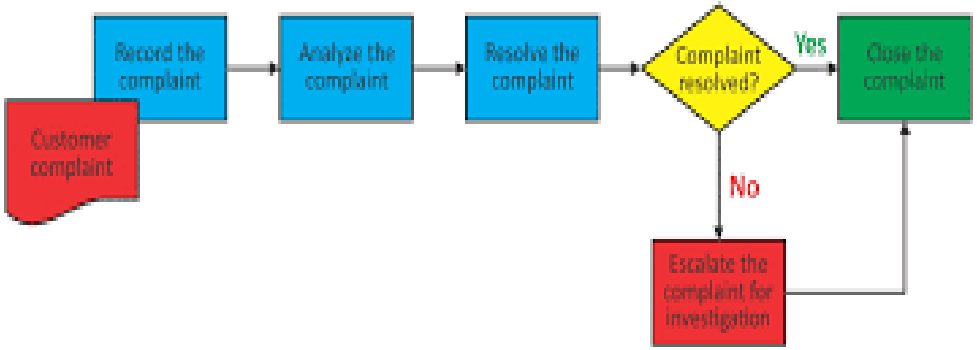
....
Signature Date

KK 15 Rd, 49 Kicukiro P.O.BOX 7099, Kigali-Rwanda Telephone: (+250)788303492
Hotline: 3250 Email: info@rsb.gov.rw Website:www.rsb.gov.rw

Appendix B: Complaints Register, NQTLD / REG -11

Track No.	Complaint category and Description	Name of complainant	Address of complainant	Date received	Person(s) assigned for Root cause analysis	Date Root cause Identified	Resolution of the complaint	For complains that need corrective action or complains turned into Non -conformities		Comment
								Date Corrective action Implemented	Effectiveness of the Corrective action	

Appendix C: Steps of handling complaint



Steps for handling the complaint

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Appendix D : Record of change

NO	DETAILS OF CHANGE		DATE	Reviewed by
	Page	**Clause number and comments**		
1.	Whole document	Rwanda Bureau of Standards (RBS)changed to Rwanda Standards Board	12/05/2015	Sibomana T
2.	"	NQTLD changed to NQTLD	12/05/2015	Sibomana T
3.	"	Logo changed	12/05/2015	Sibomana T
4.	7	Clause 10.1.2. 10.2.1 replaced	12/05/2015	Sibomana T
5.	7	Clause 10.2.2.LD added	12/05/2015	Sibomana T
6.	7	Clause 10.3.2 replaced and became 10.3.3	12/05/2015	Sibomana T

Appendix D: Record of change

NO	DETAILS OF CHANGE		DATE	Reviewed by
	Page	**Clause number and comments**		
7.	9	Document holder list updated	12/05/2015	Sibomana T
8.	Cover page	Copy and issue number removed	10/11/2016	Sibomana T
9.	Appendices	Appendix for document copy holder shifted to from appendix A to	10/11/2016	Sibomana T
10.	4	Clause 8.2 added or other parties on complaint definition	9/4/2019	Sibomana T
11.	Whole document	Merged complaint, nonconforming work and corrective action procedures and aligned with ISO 17025:2017	9/4/2019	Sibomana T
12		Appendix C (rootcause form F-19)merged with F-24 in sp-24	13/12/2022	Sibomana T