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CORRECTIVE ACTION

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Position : Deputy Director, Office of Institutional and Academic Quality Management	Position : Director, Office of Institutional and Academic Quality Management
Date : 09/2015	Date : 09/2015

1. OBJECTIVE

The procedure is established in order to clarify and explain the procedures and guidelines on corrective action and improvement effort for the efficient and effective quality system of Office of Institutional and Academic Quality Management (OQM).

2. SCOPE

This procedure is used to investigate the non-conformance services in the quality system of Office of Institutional Academic Quality Management and take any immediate corrective action to eliminate the cause of nonconformities in order to prevent their recurrences.

3. DEFINITIONS/ABBREVIATIONS

3.1 MR	:Management Representative
3.2 DMR	: Deputy Management Representative
3.3 Q.MGR	:Heads of Departments
3.4 DO	: Document Officer
3.5 AD	: Assistant Director of the Kulliyyah/Division/Centre/Institute
3.6 MRM	: Management Review Meeting
3.7 AA	: Administrative Assistant
3.8 OQM	: Office of Institutional and Academic Quality Management

3.9.Management Review Meeting is the meeting that is held every twelve (12) months to discuss issues related to the Quality System implementation, and to review the achievements on the principles and objectives of the Quality System adopted.

3.10 Corrective Action refers to actions taken to overcome the causes of problems and to prevent problems from happening again as well as to lessen the problems from occurring in the future by following the stated rules and regulations.

3.11 Improvement Effort refers to any suggestion for the effectiveness and efficiency of the Quality System.

4. REFERENCES

4.1 Quality Manual QM 8.0 (Corrective Action)

4.2 Relevant QMS Standards (Clause 8.5.2)

4.3 Procedure on Management Review Meeting (IIUM/MP/07)

4.4 Procedure on Customer Complaints (IIUM/MP/08)

4.5 Procedure on Internal Audit (IIUM/MP/03)

5. RESPONSIBILITY AND DETAILED PROCEDURE

RESPONSIBILITY	DETAILED PROCEDURE
Q.MGR/DO	5.1 Collect all information and data that are related to the followings: i) Customer Complaints and Suggestions, ii) Internal Audits, iii) External Audits, iv) Surveys, and v) Other non-conformance services in the Quality System.

Q.MGR/DO	5.2 **Customer Complaints** i) Upon receiving a complaint, the officer-in-charge should identify the genuineness of the complaint. ii) Investigate the root cause of the problem. iii) Discuss with the relevant authority on the corrective action needed. Corrective action taken must ensure that nonconformities will not recur. iv) Inform the complainant on any corrective action taken. v) Verify the effectiveness of corrective actions taken. vi) Review and analyze all the reports and data collected and use statistical techniques if necessary. • *Any complaints (written/verbal) should be lodged in the "Complaint/Suggestion Form" as per attached in* ***Appendix 1.***

RESPONSIBILITY	DETAILED PROCEDURE
Q.MGR/DO	5.3 **Internal Audits** i) Upon receiving an NCR, the officer-in-charge should investigate the root cause of the problem. ii) Discuss with the relevant authority on the corrective action needed. Corrective action taken must ensure that nonconformities will not recur. iii) Specify the root cause of the problem, corrective action and completion date on the section provided on the NCR form issued by the auditor.
Q.MGR/DO	5.4 **Other Non-Conformance Services** The procedures to be followed on how to handle other non-conformances can be referred to the procedure "Control on Non-Conforming Products/Services". The corrective action needed for any non-conformance occurred during the operation can be lodged in the "Internal Audit/Corrective Action/Preventive Action Form"
Q.MGR/DO	5.5 Compile all of the above reports and submit to the Dean.
MRM	5.6 Review the reports on the corrective action as well as improvement efforts for further implementation (if necessary), and request all relevant parties to ensure that problems will not recur.
AA	5.7 File all reports on the implemented corrective action and improvement efforts.

6. QUALITY RECORDS

QUALITY RECORDS	LOCATION	RETENTION PERIOD	RESPONSIBILITY
Customer Complaint Reports (Completed Customer Complaint Forms & Feedback Log of Customer Complaints)	Filing Cabinet	5 years	Administrative Assistant
Summary Report of Internal Audit	Filing Cabinet	5 years	Administrative Assistant
Completed NCR Forms	Filing Cabinet	5 years	Administrative Assistant
Completed Corrective Action Forms	Filing Cabinet	5 years	Administrative Assistant
Minutes of Management Review Meeting for Quality System	Filing Cabinet	5 years	Administrative Assistant