





NON-CONFORMITY, CORRECTIVE ACTION AND PREVENTIVE ACTION

Rev	Date	Improvement's description

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1 PURPOSE

This procedure describes the process to ensure that the WWTP establishes, maintains and uses a system to identify Non-conformities, and to implement a corrective and preventative action program to monitor, report, investigate and mitigate any impacts caused by the occurrence of non routine incidents and/or near misses and Non-conformity with the WWTP Environmental Policy or any related procedures.





This procedure includes the following issues as specified in clause 4.5.2 in the International Standard ISO 14001:2004:

- The use of appropriate sources of information such as processes and work operation which impact EMS performance.
- The effective handling of customer complaints and reports of Environmental Non-conformities.
- Investigation of the cause of Non-conformities relating to product, process and/or environmental Non-conformities.
- Determination of the corrective/preventive action needed to eliminate the Non-conformities or weakness.
- Application of controls to ensure that corrective/preventive action is taken and effective.

2 SCOPE

This procedure is design:

- To Evaluate and respond to all Non- conformities that within the EMS require corrective or preventive action to mitigate any impacts. These will typically identified by the following methods:
 - o Internal and external audits.
 - o Environmental Compliance Audits.
 - o Safety Audits.





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- o Inspections.
 - o Incident Reports.
 - o Complaints.
 - o Compliance Inspections.
 - o Permit Inspections.
- To initiate any records and reporting required by regulatory agencies.
 - Issue to manager responsible for the area in which the Non-conformities were identified. May be recommended Corrective Actions.
 - To determine root cause and lists the corrective action and note it.
 - To approve recommendation or works with manager to develop acceptable corrective action.
 - To implement Corrective Action.
 - To review for effectiveness and signs off and closes out when it is determined that the actions has been effective.

This procedure applies to all departments at the Utilities where EMS requirements are in place and environmental Non-conformities occur, a

The following are examples of sources of non-conformances:

- Emergency Preparedness and Response Report.
- Internal EMS auditing findings.
- Registrar EMS audits findings.
- Preventive Action Review.
- Monitoring & Measurement Records.
- Input from employees.
- Procedure Non-Conformity.
- Near Misses.
- Regulatory Non-Conformities.

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3 DEFINITIONS

3.1 Corrective Action

Action taken to eliminate the cause of an existing Non-conformity, defect or other undesirable situation in order to prevent recurrence.

3.2 Preventive Action

Action taken to prevent the occurrence of a potential Non-conformity or undesirable situation related to the EMS.

3.3 Corrective /Preventive Action Request (C/PAR)





EMS form used by all staff to report actual and potential Non-conformities relating to the Utilities EMS.

3.4 Non-conformity/ Observation Report.

EMS form used in reporting Non-conformity (major and minor) and observations discovered during internal EMS Audits.

3.5 Non-conformity

For the purposes of this procedure, a Non-conformity is defined as a demonstrated lack of conformance to the Environmental Policy commitments and other mandatory provisions for the WWTP EMS, as documented by the WWTP EMS Team and the supporting plans and procedures referenced therein.

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3.6 Non-conformity with planned arrangements (including deviations from established procedures)

Non-conformity can be identified by EMS Internal Audits, Management Reviews, or may be brought to the EMS's attention through Internal & External Communications, Communication of Environmental Information.

3.7 Corrective /Preventive Action Request forms

Corrective/Preventive Action Request (C/PAR) forms shall be initiated by the EMS Team to facilitate the investigation of Non-conformities, the determination of the root causes of Non-conformities, the correction of Non-conforming conditions, and the specific Preventive Actions that are deemed necessary to reduce or preclude the likelihood of recurrence.





4 RESPONSIBILITY & AUTHORITY

4.1 The WWTP staff members

All the Utilities staff has the authority and responsibility to initiate a request for preventive/corrective action by notifying their Department Director.

4.2 The Department Director

Has the responsibility and authority to review the staff request for adequacy and relevance to the EMS.

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4.3 The EMS Coordinator

- Has the responsibility and authority to initiate a request for corrective/preventive action, verify the corrective action for completeness, close and communicate the corrective/preventive action results with the affected department(s).
- Has the responsibility and authority to initiate corrective/preventive actions to assure suitability and effectiveness of the EMS.

5 PROCEDURE

The procedure consists of the following steps:

5.1 Non-conformity/EMS Weaknesses

Non-conformity's/EMS Weaknesses found during Management Review, EMS Audit or Interested Party Concern.

5.1.1 Utilities Staff





The utilities staff may initiate a request for Corrective/Preventive Action describing the environmental Non-conformity/EMS weakness and forward to their supervisor.

5.1.2 Supervisor

The Department Director reviews the C/PAR for EMS relevance and forwards to the EMS Coordinator or returns to the staff as not relevant to the EMS.

5.1.3 EMS Coordinator

The EMS coordinator may initiate request for corrective/preventive action on Non-conformities or EMS weaknesses. Relevant C/PAR forwarded to the EMS Coordinator

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will be assigned a reference number for tracking purposes and forwarded to the EMS Team for corrective action resolution.

5.1.4 C/PAR Acceptance

The Department Director reviews the C/PAR for understanding and acceptance and proceeds with preparation of a proposed Corrective Action Plan. If there are concerns or disagreements with the C/PAR the Department Director will forward these concerns or disagreement to the EMS Coordinator.

5.1.5 The EMS Coordinator





The EMS Coordinator communicates with the Department Director to resolve issues of concern or disagreement and comes to mutual agreement on the status of the C/PAR documentation any agreed upon changes. The EMS Coordinator will decide any unresolved concerns.

5.1.6 Proposed Corrective Action

The Department Director initiates appropriate action to investigate the extent of the problem, the Environmental Impact and then prepares and implements the Corrective Action Plan with an associated schedule. Any Corrective Actions taken to eliminate the causes of actual or potential nonconformance shall be appropriate to the magnitude of the problems and commensurate with the Environmental Impact encountered.

5.1.7 Verification

When the Corrective Action is completed, notification is sent to the EMS Coordinator for verification of completeness. Upon verification of completeness the EMS Coordinator closes the C/PAR.

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5.1.8 Communication

Upon closure of the C/PAR the EMS Coordinator shall forward a copy of the C/PAR to the affected department(s).

5.1.9 Change Control

The Department Director initiates any appropriate action to implement and record changes to standard operating procedures, forms, etc. resulting from the Corrective/Preventive Action in accordance with EMS procedures.

5.1.10 Management Review





The EMS Coordinator ensures relevant information on the Corrective/Preventive Action is submitted for the next Management Review. Additionally, the EMS C/PAR Tracking Record shall be distributed at the Management Review meeting.

5.2 Corrective/Preventative Action Reports

- Corrective /Preventative Action Reports will be used to identify potential needs for corrective and/or preventative actions identified during EMS review, external and internal regulatory audits, internal and external EMS audits, and following the occurrence of an event that may have a significant environmental impact or a deviation from a current procedure.
- All Corrective/Preventative Action Reports should be completed within 5 working days following first knowledge of an incident or near miss.

5.3 Employees

Any employee is empowered to create a C/PAR following an incident or near miss or at any other time the employee wishes to make recommendations for changes to existing

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procedures or policies and/or to identify the need for addition policies and/or procedures.





5.4 Department Director

Department Director is required to develop C/PAR for incidents or near misses reported by employees or identified by other means unless and employee has already done so.

5.5 Complete the C/PAR

While completing the C/PAR the author should use the following guidance:

- List personnel who identified the problem.
- Description of the problem. If procedure or EMS documents and/or procedures are a focus of the findings then they should be identified by their document control, when possible. If prompted by an audit the auditor must specify which section of the ISO Standard and/or EMS Guidance Manual the finding is related to.
- Provide a root cause analysis, which identifies the source of the problem.
- Describe Corrective/ Preventative Action.
- If unable to determine what Corrective or Preventative Actions must be taken to resolve the problem, skip this section. If it is an emergency issue, the supervisor must contact the appropriate personnel to immediately resolve the problem.
- If able to determine what corrective actions must be taken to resolve the problem, take appropriate actions. If long-term action is required submit report without completion date for this section.
- The author must submit the completed corrective action report to the EMS Coordinator, or designee, along with any and all support data for submittal to the Management Review Board (MRB) at the C/PAR meeting.

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5.6 Management Review Board (MRB)

The MRB will determine if the Corrective Action that has taken place is sufficient.

5.6.1 Internal auditors

Internal auditors will determine if proposed Corrective Actions are sufficient for C/PARs generated as a result of audit findings.

- If sufficient and completed, the report will be signed and returned to the EMS Coordinator for proper filing.
- If insufficient or not completed, the Department Director or designee may assign a new or revised corrective/preventative action to take place, establish a desired completion date, and assign necessary resources i.e. staff time, funds, etc...
- C/PARs will continue to be reported on during each C/PAR meeting until the Corrective Actions have been completed to the satisfaction of the MRB.

5.7 Modify a procedure

While modifying a procedure, as a result of a C/PAR, if additional changes to be needed, it is not necessary to write an additional C/PAR if the changes do not change the intent of the procedure. These changes include grammar, re-wording for clarification, spelling, updating of names, phone numbers, and/or references.

5.8 The EMS Coordinator

The EMS Coordinator will report final actions to MRB and record completed.