



**MASENO UNIVERSITY**

<b>DOCUMENT TITLE</b>	PROCEDURE FOR PREVENTIVE ACTION		
<b>DOC. NO:</b>	MSU/VC/MR/OP/ 05	<b>ISSUE NO:</b>	2
<b>DATE OF ISSUE</b>	8 <sup>TH</sup> JUNE, 2018	<b>REV. NO:</b>	1
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<b>SIGNATURE</b>		<b>SIGNATURE</b>	

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## 0.1 DOCUMENT CHANGES

#	Date (dd-mm-yy)	Details of Change		Authorization
		Page	Clause/sub clause	Title
1	08/06/2018	1	Incorporation of title and author in addition to change of document number from MSU/MR/OP/06 to MSU/VC/MR/OP/05	VC
2	08/06/2018	2	0.1 change in table structure to include page and clause/sub clause.	VC
3	08/06/2018	3	3.0 Reference to ISO 9001:2015 and ISO 9000:2015 Standards and MSU/VC/MR/OP/01 Omission of Quality Policy	VC
4	08/06/2018	4	6.1 changed all staff to read “respective members of staff”, 6.2.2 (reference to MSU/VC/MR/OP/02	VC
5	08/06/2018	4	6.2.3 and 6.3 omitted from the procedure	VC
6	08/06/2018	4,5	6.2.4 to 6.6.2 rearrangement of the clauses and assignment of responsibilities to MR and the HoDs	VC
7	08/06/2018	All	Change of font type and size	VC

## 0.2 DOCUMENT DISTRIBUTION

This quality management procedure is available on Maseno University Website for authorized users.

### 1. PURPOSE

The purpose of this procedure is to ensure that actions are determined and taken to eliminate causes of potential nonconformities in order to prevent their occurrence and that actions taken are appropriate to the effects of the potential nonconformities.

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## 2. SCOPE

This procedure applies to all identified processes and procedures in Maseno University.

## 3. REFERENCES

- 3.1 ISO 9001:2015 Quality Management Systems - requirements
- 3.2 MSU/MR/OP/02, 3 and 04
- 3.3 ISO 9000:2015, Quality Management systems –Fundamentals and vocabulary
- 3.4 MSU/VC/MR/OP/01

## 4. TERMS (DEFINITIONS) & ABBREVIATION ANDACRONYMS

### 4.1 Definitions of Terms Used:

For the purpose of this procedure the following terms shall apply in addition to those already defined in the Maseno University Quality Manual.

- 4.2 **Preventive action:** Action taken to eliminate the cause of a potential non conformity to ensure that it does not occur
- 4.3 **DVC:** Deputy Vice-Chancellor
- 4.4 **HoD:** Head of Department
- 4.5 **MR :** Management Representative
- 4.6 **MSU:** Maseno University
- 4.7 **VC:** Vice-Chancellor

## 5. RESPONSIBILITIES

The MR shall ensure the implementation of this procedure and HoDs shall have the responsibility of overseeing the preventive action processes are implemented in their respective functional areas.

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## 6. METHOD

Maseno University shall establish Preventive Action Procedures and work instructions in various functional areas depending on their sensitivity. Preventive actions shall be undertaken as follows:

### 6.1 Determining potential nonconformities and their causes

In General the DVC, MR, HoD's and respective members of staff shall ensure that:-

6.1.1 QMS potential nonconformities are identified and documented in their functional areas in appropriate manner.

6.1.2 Causes of potential nonconformities are identified and preventive action plans assigned by HoDs for identified potential nonconformities.

### 6.2 Potential nonconformities identified during audits

6.2.1 Potential nonconformities may be identified during internal (1st party) audits or external (3rd party) audits.

6.2.2 Potential nonconformities identified during internal audits conducted as per **MSU/VC/MR/OP/02** Internal Quality Audit procedure shall be recorded by the Internal Quality Auditors in the findings forms and summarized in the audit reports by the Auditor.

6.2.3 Preventive action for the identified potential nonconformities shall be recorded in the preventive Action Plan for follow up.

6.2.4 The MR shall maintain a Preventive Action register containing details of the potential nonconformities, causes, proposed preventive actions, and completion dates, responsibilities and status.

### 6.3 Evaluating the need for action to prevent occurrence of nonconformities

The MR, Departmental Heads, and respective members of staff shall ensure that:-

6.3.1 The cause of detected potential non conformity is evaluated and determined

6.3.2 The root cause is determined in order to come up with a comprehensive preventive action.

6.3.3 That the proceedings of such meeting shall be recorded for action

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#### **6.4 Determining and implementing action needed**

6.4.1 Depending on the source of potential non-conformity the HoD shall initiate a process of determining and implementing action needed.

6.4.2 The HoD shall call a departmental QMS meeting to discuss the determination and implementation action.

6.4.3 The HoD shall refer more complex cases Divisional Heads/MR for Action.

6.4.4 Preventive actions shall be implemented in a prompt and timely manner so as to safeguard the integrity of QMS.

#### **6.5 Record of Results of Action Taken**

6.5.1 The respective HoD's shall maintain records on preventive action for the department.

6.5.2 The MR shall maintain records on preventive action for the entire QMS processes.

6.5.3 The MR shall generate preventive action summary reports for the entire QMS and present them for management reviews.

#### **6.6 Reviewing the effectiveness of the preventive action taken**

6.6.1 The HoD together with members in the departments shall review the effectiveness of the implemented preventive actions to the potential nonconformities and maintain records of the reviews.

6.6.2 MR shall review the effectiveness of the preventive action at the functional units and take appropriate action.