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# **CORRECTIVE ACTION PROCEDURE (DPM-P005)**

DCSS – Process Management

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## **1.0 SCOPE:**

- 1.1 This outlines the procedure any Business Services customer may follow if they feel a Corrective Action is needed within the Dougherty County School System/BSD.

The online version of this document is official. All printed versions are uncontrolled copies.

## **2.0 RESPONSIBILITY:**

- 2.1 Associate Superintendent & CFO, ISO Co-Management Representatives

## **3.0 APPROVAL AUTHORITY:**

- 3.1 Associate Superintendent & CFO, ISO Co-Management Representatives

## **4.0 DEFINITIONS:**

- 4.1 Requestor – Any Business Services customer requesting a process correction.
- 4.2 Responsible Person(s) – The individual(s) identified as being responsible and having the authority for taking action to eliminate the cause of the issue identified.
- 4.3 Management Review Team – a committee of people who guide the internal activities of the ISO 9001 program within the system.
- 4.4 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.

## **5.0 PROCEDURE:**

- 5.1 Problems may be identified by, or brought to the attention of, any employee of the BSD. These problems may be the result of a parent complaint, a failed service or discrepant material from a vendor to the school system. The nonconformities are reviewed to determine the need for corrective action.
  - 5.1.1 Third party audit findings are handled the same as internal audit findings. A corrective action will be issued and a response is required.
- 5.2 Once determined, the requestor should access the most current version of DPM-F002, Corrective Action Form and complete section 1. The information should include the process where the problem was identified, affected procedures, area(s) involved, and any other pertinent information concerning the problem. The form is then forwarded to an ISO Co-Management Representative.
- 5.3 Upon receipt of the Corrective Action Form, the ISO Co-Management Representative shall ensure the information provided is complete and accurate, and shall contact the requestor for additional information, if required. One of the ISO Co-Management Representatives will determine the responsible person(s), type of corrective action, date sent and date the response is due. If guidance is required, the appropriate management review team member will be contacted.
- 5.4 An ISO Co-Management Representative or designee shall log the Corrective Action for tracking purposes and forward the form to the individual(s) responsible to take Corrective Action.

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- 5.5 The responsible person(s) must complete Section 2 of the Corrective Action Form indicating the root cause and action taken to ensure the nonconformity does not recur. The form is to be returned to an ISO Co-Management Representative by the date indicated on the form. If additional time is required to determine Corrective Action, the responsible person(s) shall contact an ISO Co-Management Representative to make arrangements for an alternate due date.
- 5.6 Upon receipt of the Corrective Action Form, an ISO Co-Management Representative shall evaluate the response and initiate information in section 3. If additional information is required, an ISO Co-Management Representative shall work with the responsible person(s) until an acceptable resolution is reached. The ISO Co-Management Representative shall log the receipt of the form and inform the requestor of the results.
- 5.7 Once the proper resolution has been reached and the Corrective Action has been implemented according to the implementation date on the Corrective Action Form, an ISO Co-Management Representative ensures finalization of section 3 on the Corrective Action Form.
- 5.8 Upon closure of a Corrective Action, whether or not acceptable, the information is analyzed to determine the needs for preventive action and system improvement. The log is updated to indicate the status of the Corrective Action.
- 5.9 Corrective actions are reviewed by the MRT to ensure effectiveness.
- 5.10 The corrective action form is maintained by an ISO Co-Management Representative.

### **6.0 ASSOCIATED DOCUMENTS:**

- 6.1 Corrective Action Form, DPM-F002
- 6.2 Corrective Action Log, Excel Spreadsheet file.

### **7.0 RECORD RETENTION TABLE:**

<b>Identification</b>	<b>Storage</b>	<b>Retention</b>	<b>Disposition</b>	<b>Protection</b>
Corrective Action Form	Hard copy	Minimum 3 years	Discard as desired	None required
Corrective Action Log	Electronic	On going	Archive	Back up on server

### **8.0 REVISION HISTORY:**

<b>Date:</b>	<b>Rev:</b>	<b>Description of Revision:</b>
15-Dec-02	A	Initial Release
21-Oct-03	B	Addition in Section 5.1, change in section 5.2 and changes in section 5.5.
22-June-07	C	Changed wording in Sections 1.1, 4.1, and 5.6. Added the Root Cause to Section 4.0.
20-Nov-07	D	Added section 5.1.1.

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01-Dec-14	E	Changed title in sections 2.1 and 3.1
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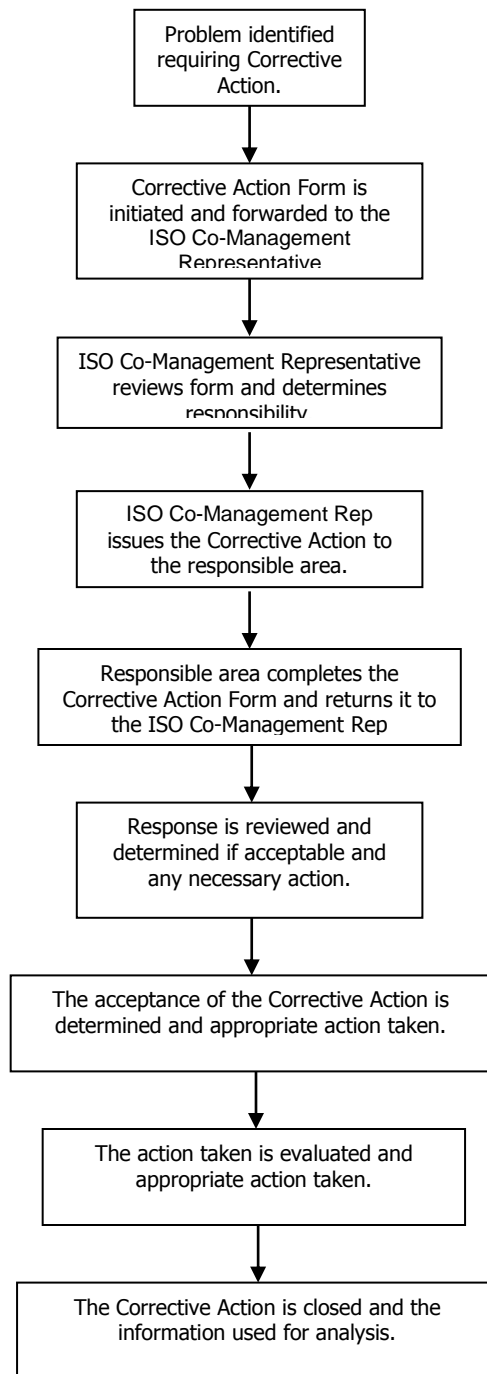
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### Exhibit "A"



**\*\*\* End of procedure \*\*\***