



<b><i>Nonconformity, Corrective Action and Preventive Action Program</i></b>	
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## **Purpose**

The City and County of Denver (CCD) maintains procedures for defining responsibility and authority in the handling and investigating of nonconformance, implementing measures to mitigate any impacts caused and completing corrective and preventative actions. Any corrective or preventative actions taken to eliminate the causes of actual or potential nonconformities are appropriate to the magnitude of problems and commensurate with the environmental impact encountered. CCD implements and records any changes in documented procedures resulting from corrective and preventive actions.

Environmental Health (EH) manages the Nonconformity, Corrective Action and Preventive Action Program for CCD and works with the departments to ensure appropriate actions are identified and implemented.

## **Findings**

Actual and potential nonconformities are identified through internal and external audit program findings, ongoing internal audit (inspection) findings, or by voluntarily identified findings (see [CCD-404 Internal Audit Program](#)). The severity of a nonconformance is indicated by the following designations assigned to findings:

1. Major Nonconformity – Lack of implementation, total ineffectiveness or insufficiency of a management system element; or, a significant regulatory non-compliance that is not preventable (e.g., a Notice of Violation) or has caused an “incident” such as a spill or unintentional release.
2. Minor Nonconformity – An isolated instance indicating lack of complete implementation, ineffectiveness or insufficiency within a management system element that could hinder EMS effectiveness over time in combination with other instances; or a regulatory non-compliance due to administrative errors that have not yet led to an incident.
3. Opportunity for Improvement (OFI) – An opportunity to improve practices that has the potential to become a nonconformance, if not corrected.

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## Corrective and Preventive Actions

Corrective actions are directly assigned to any identified nonconformities that have recognized apparent causes, and are directly assigned to any opportunities for improvement. For findings where the reason for nonconformance is not immediately apparent, a root cause analysis is performed. (See Root Cause Analysis section below.)

Preventive actions are tracked in the same manner as corrective actions.

### *Adding actions*

Each finding is entered into the Corrective Action Tracking tool (on SharePoint) with a corresponding corrective or preventive action and other items that include:

1. Issue severity (i.e., Major Nonconformity, Minor Nonconformity, or OFI)
2. Person accountable
3. Person responsible
4. Due date
5. Issue status (i.e., Active, Resolved, or Verified & Closed)
6. Issue update items
7. Priority (i.e., 1. High, 2. Normal, or 3. Low)
8. Related issues (i.e., related corrective or preventive actions)
9. Department, division, or subunit
10. Finding source (i.e., internal audit, external audit, etc.)

### *Tracking actions*

It is the responsibility of the action owner (person responsible) to keep the issue status up to date and to complete an issue by the due date. Results should be documented in the tool under the “Update” field.

### *Completed actions*

When an action is complete, the person responsible for an action marks the action as “Resolved.”

All actions assigned a “Resolved” status are reviewed by the EMS Program Manager to verify the issue has been addressed and then assigns a “Verified & Closed” status to the action. The EMS Program Manager will verify the Department or Division’s corrective action via communication with the Department or Division, documented proof of closure, subsequent audit visits and/or special follow-up visits depending upon the nature of the finding. After the corrective action is “verified and closed”, the issue is sent to a Corrective Actions Archive, which maintains a track record of all corrective actions.

## Root Cause Analysis

For findings where the reason for nonconformance is uncertain, or not immediately apparent, the following general approach is employed:

1. Define and analyze the nonconformity.
2. Develop criteria for nonconformity solutions.



3. Develop potential solutions.
4. Evaluate potential solutions against criteria.
5. Reach consensus on solution which best meets criteria.
6. Plan implementation roles, schedules and needed resources.
7. Follow up to evaluate results and adjust the solution, if needed.

For items 1 and 2, an analysis is performed by asking “why?” five times to fill out the branches of a cause-and-effect diagram and identify the root cause. A “fishbone” cause-and-effect diagram can be used as a tool to capture different potential root causes for a specific nonconformance. The diagram is constructed with branches labeled for different categories, which may include:

- Communication.
- Policies.
- Procedures.
- Equipment/technology.
- Training/awareness.

With the branches labeled, possible causes are considered and attached to the appropriate branch. For each cause identified, “why?” is asked repeatedly to arrive at the root cause.