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BOP 4.14.11

Document Title: **Corrective and Preventive Action**

Effective Date: **October 1, 2011**

Approval Authority: **Bureau Chief**

A. PURPOSE

This Bureau Operating Procedure (BOP) establishes a method for the Planning, Statistics and Information Management Bureau to address effective corrective or preventive action to improve processes or services within the bureau.

B. SCOPE

This procedure applies to all Planning, Statistics and Information Management Bureau personnel. For purposes of this BOP, effective corrective or preventive actions may include, but are not limited to, current written and unwritten practices, analyses, or any written part of Occupational Safety and Health Division policies. Action Requests may be initiated by anyone and may be addressed to any division or bureau within the scope of this system.

C. DEFINITIONS

- A. Action Request** - A document used to define an observed or potential problem, complaint, or other nonconformity and provide the control mechanism for resolution.
- B. Bureau Management Review** - Annual review evaluations.
- C. Corrective Action** - An action that remedies or eliminates nonconformity's. This action also includes addressing the cause of the problem and confirming that a solution is found. Corrective action is a proactive approach that does not always wait for an internal assessment or external audit to uncover errors or mistakes.
- D. Customer Suggestion** - Any feedback from a customer noting an actual or potential deficiency with the services provided by the Planning, Statistics and Information Management Bureau or a suggested method for improving a service.
- E. Customer Complaint Log** - An electronic file used to record a complaint received from the customer and any action taken in response to the complaint.

F. Prevention Action - An action that detects, analyzes, and eliminates potential causes of nonconformity's; an action that detects, analyzes, and implements an improvement opportunity. Preventive action also includes the use of relevant sources of information, determination of steps needed, and application of appropriate controls.

G. Nonconformity - A process or service performance issue that warrants attention, including a failure of a quality system element; the absence of a stated requirement; an isolated, observed incident or failure to comply with a procedure or requirement; a customer complaint.

H. Response - Submission of an action plan complete with a description of intended actions and effective dates.

D. RESPONSIBILITIES AND AUTHORITIES

1. All employees have the responsibility and authority to suggest improvements and to submit action requests for observed and potential nonconformity's in processes and services.
2. The Bureau Quality/Document Coordinator is responsible for receiving, handling, tracking and resolving action requests including customer suggestions.
3. Bureau Chief and Bureau Quality/Document Coordinator examine unresolved action request items in the annual management review.
4. Designee: The designee is the person or persons that may be assigned to address a corrective or preventive action.

E. REQUIREMENTS

1. Nonconformity's must be documented.
2. Status of action requests must be communicated promptly to those affected.
3. Action plans must be documented.
4. Customer Suggestions must be logged on the Electronic Customer Suggestion Log.
5. Action Request Form is completed when addressing a customer suggestion.
6. Action Requests are reviewed at PSIM management reviews.

F. ACTION STEPS

1. Customer Suggestion Process

- a. Customer Suggestion is received by PSIM.
- b. The Customer Suggestion is logged on the Electronic Customer Suggestion Log.
- c. PSIM employee completes an Action Request Form.
- d. The Bureau Chief reviews the suggestion and if needed discusses the suggestion with the Bureau Quality/Document Coordinator and possibly with the employer.
- e. The Bureau Chief determines the action to be taken.
- f. The action plan is prioritized for immediate attention.
- g. If a review of the action item indicates that a change in the process is needed, an action plan is developed by the Bureau Chief. The Bureau Quality/Document Coordinator

makes the changes to the PSIM quality system as required using the requirements in BOP 4.05.

- h. The Bureau Quality/Document Coordinator updates the Electronic Customer Suggestion Log.
- i. The Bureau Chief notifies all PSIM employees of any changes to the quality system.
- j. The Bureau Chief and the Bureau Quality/Document Coordinator will monitor the changes to the process for effectiveness.
- k. The Bureau Chief may decide to respond to the employer who wrote the suggestion to provide the results of the review.

2. Corrective Action Process

- a. A non-conformity condition, problem, or an improvement opportunity is observed by a PSIM employee or other DOL employee.
- b. An action request form is completed by the employee.
- c. The request is forwarded to the Bureau Quality/Document Coordinator.
- d. The Action Request is logged on the Customer Suggestion Log.
- e. The Bureau Quality/Document Coordinator decides to handle the request or refers it to a designee.
- f. The Action Request is prioritized as to the importance and need for immediate action.
- g. The action item is analyzed using appropriate problem solving process improvement techniques to determine the root cause of the non-conformity.
- h. Results or the analysis are recorded on the Action Request form and reviewed by the Bureau Quality/Document Coordinator and Bureau Chief.
- i. If a review of the action item indicates that a change in the process is needed, an action plan is developed by the Bureau Quality/Document Coordinator and reviewed and approved by the Bureau Chief.
- j. The Bureau Quality/Document Coordinator makes changes to the system as required using BOP 4.05.
- k. The Bureau Quality/Document Coordinator retains the action request and plan as a quality record.
- l. The Bureau Quality/Document Coordinator notifies all PSIM employees of any changes to the process for effectiveness.
- m. A copy of the action request with the final action taken is forwarded to the original requester.
- n. The Bureau Chief and Bureau Quality/Document Coordinator will monitor the changes to the process for effectiveness.

3. Preventive Action Process

- a. A potential non-conformity condition or an improvement opportunity is identified by a PSIM employee or other DOL employee.
- b. An Action Request is completed by the employee.
- c. The request is forwarded to and reviewed by the Bureau Quality/Document Coordinator.
- d. The Bureau Quality/Document Coordinator either decides to handle the request or refers it to a designee.

- e. The Action Request is prioritized as to the importance and need for immediate action.
- f. The action item is analyzed using appropriate problem solving or process improvement techniques to determine the root cause of the non-conformity.
- g. Results of the analysis are recorded on the Action Request form and reviewed by the Bureau Quality/Document Coordinator.
- h. If a review of the action item indicates that a change in the process is needed, an action plan is developed by the Bureau Quality/Document Coordinator and reviewed and approved by the Bureau Chief.
- i. The Bureau Quality/Document Coordinator makes the changes to the PSIM quality system as required using the requirements in BOP 4.05.
- j. The Bureau Quality/Document Coordinator retains the action request and plan as a quality record.
- k. A copy of the action request with the final action taken is forwarded to the original requester.
- l. The Bureau Quality/Document Coordinator notifies all PSIM employees of any changes to the quality system.
- m. The Bureau Chief and the Bureau Quality/Document Coordinator will monitor the changes to the process for effectiveness.

H. QUALITY RECORDS

- 1. **Electronic Customer Suggestion Log**
- 2. **Action Request Form**

H. DOCUMENT CONTROL

The content of this BOP is the responsibility of the Bureau Chief. Requests for interpretation of the provisions of the procedures and suggestions for changes should be addressed to the Bureau Quality/Document Coordinator. This procedure is maintained electronically.

I. REFERENCES

- 1. Bureau Operating Procedure – **BOP 4.01.11 Management Review**

J. ATTACHMENTS

- 1. **Action Request Form**
- 2. **Electronic Customer Complaint/Suggestion Log**
- 3. **Customer Complaint Flowchart**
- 4. **Corrective Action Flowchart**
- 5. **Preventive Action Flowchart**

K. REVISIONS

- 1. Insert OSH Quality Policy. Changed complaint to suggestion, management review to annually.

2. Combined Bureau Quality Coordinator and Document Coordinator into Bureau Quality/Document Coordinator).
3. Reviewed April 2013.
4. Reviewed January 2014.
5. Reviewed June 2015.