

EQA PROCEDURES

Corrective and Preventive Action Procedure

Purpose: To minimise the occurrence of non-conformities by taking timely action to correct problems and taking appropriate actions to reduce the possibility of non-conformities occurring.

Definition: Corrective actions are taken in response to non-conformities or perceived non-conformities within the operation of EQA. Preventive actions are taken to reduce the likelihood of problems occurring or reoccurring.

Scope:

- 1) The operation of Certification schemes offered by EQA (Ireland) which are subject to review by EQA (Ireland) Assessment Committee.
- 2) When a Certification schemes which is subject to review by an EQA overseas assessment Committee and is carried out in accordance with EQA (Ireland) procedures (specified in contract), this procedure shall apply, however, the overseas office is copied on all issues which could influence certification.
- 3) When a Certification schemes which is subject to review by an EQA overseas assessment Committee and is carried out in accordance with EQA overseas office procedures (specified in contract), the overseas procedure shall apply, however, details of any complaints will be kept on record at EQA (Ireland) in accordance with this procedure.

Method:

1. General

1.1 Formal Corrective actions are initiated in the following circumstance

- A written complaint is received from a client or an interested party
- An issue is raised during an EQA internal Audit (head office internal audit or witness audit)
- An issue is raised during an EQA external Audit (either head office audit or witness audit)
- An appeal is made against a decision by an EQA auditor, the assessment committee, chief executive or governing board.
- Other non-conformances in the system which require investigation

- 1.2 Preventive actions are initiated in the following way
- Analysis of Assessment Committee Feedback
 - Review of Auditor Competence Feedback Reports
 - Review of client feedback by Auditor
 - Review of verbal feedback received from clients
 - Analysis of Complaints received
 - Analysis of Appeals
 - Management Review
 - Training
 - Auditor annual review
- 1.3 The Chief Executive is responsible for the management of the complaints procedure.
- 1.4 All "Corrective Action Reports", internal audit reports and external audit reports are reviewed at the management review and governing board meetings.

2. Receipt of Complaints

- 2.1 Details of all written complaints are recorded on a "Corrective Action Report". This form is updated as the complaint progresses.
- 2.2 If a verbal complaint is received by EQA, the complainant is asked to put the complaint in writing (unless immediate action to an obvious problem is required, no action will take place until the complaint is received in writing).
- 2.3 If a complaint does not relate in any way to certification activities, Logo Control, EQA backup operation or effectiveness of a certified clients management (or product) system standard, the complainant is sent a response to outline the reason why EQA will not be following up the complaint. Details of the complaint and response are kept on file (Corrective Action Report).
- 2.4 On receipt of a complaint, EQA will conduct an initial investigation where possible (e.g. where complaints relate to information claimed on a website, the website will be checked etc.)
- 2.5 EQA will confirm receipt of the complaint to the complainant as soon as is practical. If the initial investigation is enough to indicate that the complaint is not valid, an explanation will be given to the complainant and the matter will be closed.
- 2.6 Unless the complainant specifically asks for their written complaint to remain confidential, a copy of any potentially valid complaint is sent to the sub-contract auditor, client or member of staff who is the subject of the complaint. A written response to the complaint will be requested.
- 2.7 Investigation of a complaint where the complainant wishes to remain anonymous can only proceed if details of the complaint are readily available in the public domain and would have been investigated anyway had it come to the attention of EQA.

3. Complaints against the conduct of Auditors and members of staff

- 3.1 The Chief Executive will examine any complaints against the conduct of auditors or members of staff.
- 3.2 The Auditor or member of staff will be given a chance to respond in writing to the complaint. This response will be made available to the complainant.
- 3.3 Where necessary, the Chief Executive will hold a meeting with the auditor or member of staff in order to discuss the issue in full.
- 3.4 Where the complaint is justified, the chief executive will decide on the corrective action required. If necessary, the chief executive will make a recommendation to the assessment committee in relation to the suitability of an auditor to conduct audits in relation to some or all of the scopes listed on their auditor competence matrix.
- 3.5 Complaints against auditors will be discussed in general terms at the assessor meetings. The identity of the auditor will remain confidential.
- 3.6 Complaints against the conduct of the chief executive will be forwarded to the chairperson of the Governing Board for investigation (as per 3.2 ~ 3.5).

4. Complaints against the activity of Clients

- 4.1 The Chief Executive will examine any complaints against the activity of clients which could jeopardise their certified status or bring the reputation of EQA into disrepute.
- 4.2 The client will be given a chance to respond in writing to the complaint. The complainant is given a copy of the response.
- 4.3 Where the complaint is upheld, the client will be asked to take corrective action to deal with the complaint.
- 4.4 If the chief executive decides that a special audit is required to confirm that effective corrective action has been taken, this will be agreed with the client. The scheme manager will then arrange a date for the audit with the client.
- 4.5 If the client is unable or un-willing to have a special audit or if the client is not in a position to take corrective action, the chief executive may recommend to the assessment committee that the client be withdrawn or suspended.
- 4.6 Details of the complaint in general terms may be discussed at the assessor meeting. The confidentiality of the complainant and the client will be respected at all times.

5. Non-Conformances detected during an internal audit

- 5.1 Any non-conformances detected during an internal audit are raised on a Feedback Report. These are held on file and reviewed in accordance with the internal audit procedure.
- 5.2 Any non-conformances detected during a witness audit are included in the witness audit report. These are discussed with the auditor in accordance with the Assessor/Expert Evaluation and Monitoring Procedure.

6. Non-Conformances detected during an external audit

- 6.1 Non-conformances raised during an external audit are handled in accordance with the procedures of the body which raised the non-conformance.
- 6.2 Any Non-conformances related to witness audits or related to surveillance or assessment activities are discussed during the following assessor meeting.
- 6.3 Corrective action to Non-conformances raised are reviewed during the following internal audit of EQA (Ireland).
- 6.4 Non-conformances are included as an agenda item for the management review and Governing Board meetings.

7. Appeals

- 7.1 Appeals can be made against the recommendation of an audit team or the decision of the Assessment Committee.
- 7.2 Clients are made aware of the existence of the appeals procedure during the closing meeting.
- 7.3 Clients are asked to make all appeals in writing. Details are recorded on a "Corrective Action Report". This form is updated as the appeal progresses.
- 7.4 Initially, all appeals should be made to the attention of the Chief Executive (If the Chief Executive was a member of the audit team, the appeal will be forwarded to a member of the governing board).
- 7.5 The Chief Executive will review the appeal. Actions of the chief executive will include as required
- Review of the audit report
 - Discussion with the audit team
 - Forwarding of the audit report to auditors or technical experts not involved in the audit for independent review.
 - Submitting the audit report to the assessment committee for review (if the report has already been reviewed by the assessment committee, a member not involved in the original decision will be selected)
- 7.6 The Chief Executive will communicate results of the appeal to the client and to the audit team. If the appeal is not successful, the client will be informed of their right to further appeal.
- 7.7 Appeals against the decision of the Chief Executive (or member of the Governing Board) can be made to the Chairperson of the Governing Board for review by the Governing Board.
- 7.8 The Chairperson of the Governing Board will review the appeal. Actions of the Chairperson may include as required
- Discussion with the Chief Executive
 - Discussion with all members of the Governing Board
 - Discussion with the Chairperson of the Assessment Committee
 - Review of the audit report

- Discussion with the audit team
 - Forwarding of the audit report to auditors or technical experts not involved in the audit or the initial appeal for independent review.
 - Submitting the audit report to the assessment committee for review (if the report has already been reviewed by the assessment committee, a member not involved in the original decision(s) will be selected)
- 7.9 The Chairperson of the Governing Board will communicate results of the appeal to the client, audit team and to the Chief Executive. If the appeal is not successful, the client will be informed of their right to further appeal.
- 7.10 The client may appeal the decision of the Governing Board to a special appeals committee. Costs of this appeal will be charged in advance to the client. If the appeal is successful, the costs will be refunded.
- 7.11 Appeals against the decision of the Board must be made in writing to EQA within twenty one days of having been officially informed of the Governing Board decision. The governing board decision will stand until the appeal is complete.
- 7.12 The appellant shall have the right to appear in person during consideration of their appeal to present their case, provide relevant documentary evidence and call witnesses. The desire to appear in person should be included in writing with the appeal. EQA will give at least three weeks notice of the date on which the appeal will be considered.
- 7.13 At the Appeal meeting both the Client and the appropriate representatives of EQA will be entitled to be heard in confidence and the majority decision of the Appeals Committee will be final.
- 7.14 The Special appeals committee shall consist of three members, two appointed by the Chief Executive and one appointed by the Chairperson of the Assessment Committee. This Appeals Committee shall comprise of:
- An EQA Assessment Committee Member who will act as Chairman
 - An EQA Technical Committee Member
 - A professional member of staff from an accredited certification body in another EU Member State.
- 7.15 The Special Appeals Committee shall have the power to:
- Examine all EQA and appellant documentation relevant to the appeal
 - Require the services and attendance of assessors and/or other technical advisors as necessary
- 7.16 The decision of the Special Appeals Committee shall be final as to the merits of the appeal and shall bind both appellant and EQA.
- 7.17 The Chief Executive will confirm the decision of the Appeals Committee in writing to the Client.
- 7.18 Details of the appeal in general terms may be discussed at the assessor meeting. The confidentiality of the appellant and the audit team will be respected at all times.

8. Other Non-Conformances

- 8.1 Where problems arise within the operation of the schemes, a Corrective Action Report may be raised detailing the problem. This will be filed together with Customer complaints, complaints related to a client and appeals.
- 8.2 A corrective action report will be raised when the chief executive decides that a problem or series of problems requires investigation in order to find the root cause and determine adequate corrective action.
- 8.3 The corrective action report will be updated as the corrective action progresses.

9. Preventive Action

- 9.1 Preventive action is carried out on an on-going basis by maintaining a documented management system.
- 9.2 Preventive action takes place at the Management Review by Analysing Internal Audit Reports, External Audit Reports, Witness audit reports and corrective action reports to look for any signs of trends which require further corrective action.
- 9.3 Customer feedback (verbal and written) is analysed in order to detect any positive or negative trends. This is done by the chief executive as part of the individual auditor review as well as part of an overall review as an input to the management review.
- 9.4 As a member of EFAC, EQA (Ireland) receive regular updates on changes to the industry. During EFAC meetings, issues faced by all member certification bodies are discussed. EQA (Ireland) will take preventive action as appropriate in response to such information.