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OSH NON-CONFORMANCE AND

CORRECTIVE ACTION

OCCUPATIONAL SAFETY AND HEALTH

MANAGEMENT SYSTEM PROCEDURE

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# Purpose

### To define requirements for a systematic method of identifying Non-Conformances and developing actions for their Correction.

# Terms and Definitions

### Refer to document OTH-001 for terms & definitions.

# Responsibility

### QHSE Manager is responsible for ensuring that the procedure is being implemented across the organization

### Project Manager / Department Head is responsible for implementing this procedure

### Site HSE Representative is responsible for supporting the Project Manager / Department Head in implementing this procedure

# Procedure

## Identifying and Non-Conformances

### OSH non-conformances can be identified by:

* Internal Audits
* External Audits
* Site Walks
* Inspections
* Client

## Corrective Actions

### When a non-conformance is identified, the root cause shall be investigated.

### Once the root cause is identified, corrective actions shall be put in place to mitigate the possibility of recurrence.

## Reporting of Non-Conformances

### Non-conformances can be reported by anyone within the organization.

### Non-conformances identified by persons outside the QHSE Department shall communicate the non-conformance to their respective project OSH practitioner

### Alternatively, non-conformances can be reported directly to the QHSE Department at abc@abc.com

### Non-conformances identified in the internal audit shall be submitted to the auditee.

## Recording, Monitoring and Managing Non-Conformances

### Non-conformances identified internally shall be recorded on the Non-Conformance report.

### Non-conformances identified at the project level shall be registered on a project non-conformance register, these include both non-conformances identified internally by the organization or externally by the client or authorities.

### Non-conformances resulting from internal, external or authority audits shall be recorded in non-conformance register maintained at the corporate level.

## Investigation Non-Conformances

### OSH Non-conformities shall be investigated to identify their root cause.

### Once the root cause is identified, the corrective actions shall be developed.

### Corrective actions shall be prepared to mitigate recurrence of the non-conformance.

### Sample root causes can be obtained from below table:

| **EXAMPLES OF ROOT CAUSE(S)** |
| --- |
| Insufficient supervision | Incompetent supervision | Inadequate program / procedure / WI | Inadequate tools and equipment |
| Inadequate planning | Not enough training | Inadequate compliance with standard | Inadequate maintenance |
| Inadequate engineering | Not enough skill | Lack of discipline | Hazard not identified |
| Ineffective purchasing | Lack of motivation | Shortcuts not discouraged |  |

### Root causes are considered as the underlying system failures that allowed conditions for the non-conformance to occur.

### If the root cause is difficult to identify, analysis of root causes can be done with the help of any of the common tools for root cause analysis, such as:

* 5 Why’s method
* Fishbone Diagram Method
* Taproot method

## Evaluating the need for Corrective Actions

### Non-conformities indicate a system failure and require corrective actions addressing system failures.

### Minor lapses or deviations from requirement shall be considered as observations and require corrections rather than corrective actions.

### Observations shall be monitored in the observation register.

### If observations are found to be recurring beyond what is normally expected, then a Non-Conformance shall be generated.

## Recording and Communicating Corrective Actions Results

### Corrective actions shall be recorded and included in the closeout of the Non-conformance.

## Reviewing the Effectiveness of Corrective Actions

### Corrective action effectiveness shall be reviewed in follow up internal audits for non-conformances identified externally (third party audits) and internal audits. There is no requirement to keep evidence of this, unless there is indication that the corrective actions are not effective.

### Corrective action effectiveness for non-conformances raised at the project level shall be reviewed at a suitable time identified by the lead project OSH practitioner.

## Corrective Action Timescales and Individual Responsibilities

### Depending on the complexity of the corrective action, timescales for implementation will vary. As a guideline, project based corrective action timescales should not exceed 2 weeks.

### For corrective actions of non-conformances raised at the project level, the project lead OSH practitioner shall be responsible for ensuring the corrective actions are implemented.

### For corrective actions of non-conformances raised at the organizational level, the QHSE Manager shall be responsible for ensuring the corrective actions are implemented.

### Where the implementation of corrective actions may expose the organization to new hazards, a risk assessment shall be conducted to ensure risks are controlled and acceptable.

# Annexure

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| **Reference** | **Document Title** |
| None | None |