****DEPARTMENT OF LABOR AND EMPLOYMENT IX

REQUEST FOR IMPROVEMENT (RFI)

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| **Section 1. Nonconformity Definition**  |
| ***Div/Section/Unit*** | ***IQA Team/ Secretariat*** | Page 1 of 2 |
| **RFI NO.** |  |  |  |
| **Source** |  × Internal Audit | Customer Complaint | System Incident |
| **Findings:** (Clear definition. Must state What, When and Where)   |
| **Objective Evidence:** (Proof or evidences that the nonconformity exists e.g. Documents, records, statement of facts and observations) |
| **Requirements:** (E.g. ISO 9001 Requirements, Statutory & Regulatory Requirement, Policies, Procedures, Work Instructions or other forms of documented information.) |
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| **Section 2. Action Plan (attach separate sheet if necessary)** |
| 2.1. **Correction**: Immediate action to correct the nonconformity with completion dates and person/s responsible. The process owner need to assess if additional actions are needed as part of correction to deal with the consequences as result of the nonconformity. |
| **Correction**  | **Persons Responsible** | **Completion Dates** |
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| Prepared by:  | Reviewed by: |  Approved by: |
| Date:  |  Date:  |  Date:  |

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| 2.2 **Root Cause Analysis** (Attached separate sheet as necessary) | Page 2 of 2 |
| 2.2.1 Is the nonconformity existing in other areas? Can this potentially occur elsewhere? YES NOIf yes, the Root Cause Analysis and Corrective Actions shall consider all areas affected.If no, the Root Cause Analysis and Corrective Action shall only consider areas affected. |
| 2.2.2 What are the causes of the nonconformities? (You may use different root cause analysis techniques such as 5-Why, Ishikawa Diagram, Why Tree or Cause Mapping as appropriate) |
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| 2.3 **Corrective Actions:** To address the cause of the NC with completion dates and person/s responsible for each corrective action. If necessary, the process owners shall consider updating risks register to update risks and opportunities or revising documented information affected as a result of the corrective action. |
| **Identified Root Cause** | **Corrective Action** | **Persons Responsible** | **Completion Dates** |
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| Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: | Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: | Approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |
| **Section 3. Verification of Planned Actions** (attach separate sheet if necessary) |
| 3.1 Follow-up on correction Was the nonconformity properly corrected? YES NO Details: | Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |
| 3. 2 Follow-up on corrective actionWas the planned action implemented? YES NO Details: | Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |
| 3. 3 Effectiveness of Corrective ActionDid it prevent the NC from recurring? YES NO Details:  | Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |
| 3.4 Close Out (Filing of the RFI) | Filed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: |