



KENYA FOREST SERVICE

DOCUMENT
TITLE:CORRECTIVE ACTION

REF NO:KFS-MP-CA-07

ISSUE NO: 2

REVISION NO: 1

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ISSUE HISTORY

ISSUE	DESCRIPTION OF CHANGE	PROCESS OWNER	EFFECTIVE DATE
1	None, no change has been done	Management Representative	10 th June 2010
2	Changes Done to conform to ISO 9001:2015 standard	Management Representative	31 st May 2018

REFERENCED DOCUMENTS

S/NO	REF	TITLE
1.	QPM	Quality Policy Manual
2.	QPM - 8	Measurement, Analysis and Improvement
3.	PM	Procedure manual
4.		Handling Customer Complaints and Feedback
5.		Internal Quality Audits

COPY HOLDERS

1	Chief Conservator of Forests
2	QMR

RECORDS/ANNEXES

REC. NO	REC. TITLE
	Process Flow chart
	Non-conformance Reports
	Customer Complaints/Feedback Register
	Customer Complaints/Feedback Form.
	Corrective Action Request
	Internal Audits Report

PREPARED BY:QMR

APPROVED BY: CCF



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1. TERMS AND DEFINITION

TERM	DEFINITION(S)
KFS	Kenya Forest Service
KPI	Key Performance Indicator
CSF	Critical Success Factor
CCF	Chief Conservator of Forests
DCCF	Deputy Chief Conservator of Forests
HOC	Head Of Conservancy
EC	Ecosystem Conservator

2. SCOPE

This procedure covers from detection of non-conformity, receipt of customer complaint or detection of a failure in the quality management system to preparation of the final records after corrective action.

3. PURPOSE

This is to ensure adequate control in corrective actions.

4. OBJECTIVE

NB: Refer to the performance contract.

CSF	KPI	TARGET(S)	DUE
Prompt close out of raised CARS	Number of overdue CAR's	1 week	Permanent

5. RESPONSIBILITY AND AUTHORITY


5.1. Chief Conservator of Forest

5.1.1. Approves the KFS's quality manual.

5.1.2. Provide overall leadership and guidance.

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5.1.3. Provide the necessary resources for maintaining and improving the Quality Management System.

5.2. Chief Conservator of Forest

5.2.1. Overall responsible for ensuring that corrective action is taken.

5.3. Deputy CCF

5.3.1. Overall responsible for ensuring that corrective action is taken for non-conformities in their respective divisions.

5.3.2. Reviews the filled non-conformance reports after the implementation for adequacy and effectiveness of the corrective action

5.4. Head of department

5.4.1. Overall responsible for ensuring that corrective action is taken for non-conformities in their respective departments

5.4.2. Reviews the filled non-conformance reports after the implementation for adequacy and effectiveness of the corrective action

5.5. Supervisors

5.5.1. Initiates corrective action for non-conformities detected in their areas.

5.5.2. Responsible for ensuring that corrective action is taken for non-conformities and quality management failures related to their respective sections.

5.6. Customer Service/Communications Officer


5.6.1. Receives customer complaints and co-ordinates corrective action with the respective Heads of Department


5.6.2. Identifies the person with authority to take suitable corrective action

5.7. Other staff

5.7.1. Report the complaint of non-conformity or failure to the immediate supervisor.

5.7.2. Identify problems and participate in investigation to find out their causes.

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5.7.3. Implement corrective action.

5.8. Quality Management Review Members

5.8.1. Review progress of corrective action and provide the necessary resources.

5.9. Quality Management Representative

5.9.1. Liaises with HODs and authorized staff to ensure implementation of Corrective action in the internal audits

6. RESOURCES, INPUTS AND OUTPUTS

6.1. Resources

6.1.1. Finances

6.1.2. Personnel

6.1.3. Infrastructure

6.2. Inputs

6.2.1. Customer requirement

6.2.2. Customer complaint

6.2.3. Internal non conformance

6.2.4. External non conformance

6.3. Outputs

6.3.1. Customer satisfaction

6.3.2. Continual improvement

6.3.3. Controlled and stable process


6.3.4. Reduction in non-conforming products

6.3.5. Management review

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7. CRITERIA OF MEASUREMENT

NB: Refer to Performance progress reports

8. RISK AND OPPORTUNITIES

NB: Refer to the Service's Risk register

9. EVALUATION OF PROCESS

NB: Refer to the Monitoring and Evaluation Reports.

10.DETAILS OF PROCEDURE

10.1.Detection of Non Conformity

10.1.1.Detect non-conformity or a failure of the quality management system using various methods. These must include:-

- Internal and/or External quality audits
- Customer Complaints
- General observation or inspection activities

10.2.Initiate Corrective Action

10.2.1.The customer Complaints/Feedback register is used to initiate and control corrective action.

10.2.2.Record a non-conformance report.


10.2.3.Identify the person with the authority to take suitable corrective measures.

10.2.4.The responsible person fills in the proposed corrective action of the report.

10.2.5.The responsible authorized staffs effect the corrective action appropriately and the appropriate section of the non-conformance report is filled in each case indicating the corrective action taken.

10.2.6.Head of Department reviews the corrective action for appropriateness and adequacy and assesses the need for corrective action before completing the report.

10.2.7.In the internal audits, the QMR reviews the report, comments on the relevant section of the report before updating records and filing

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10.3. Follow-Up

10.3.1. The Quality Management Representative presents a summary report on all the corrective actions to the management review meeting.

10.3.2. Management reviews the corrective actions.

10.3.3. Management representative carries out the follow-up.

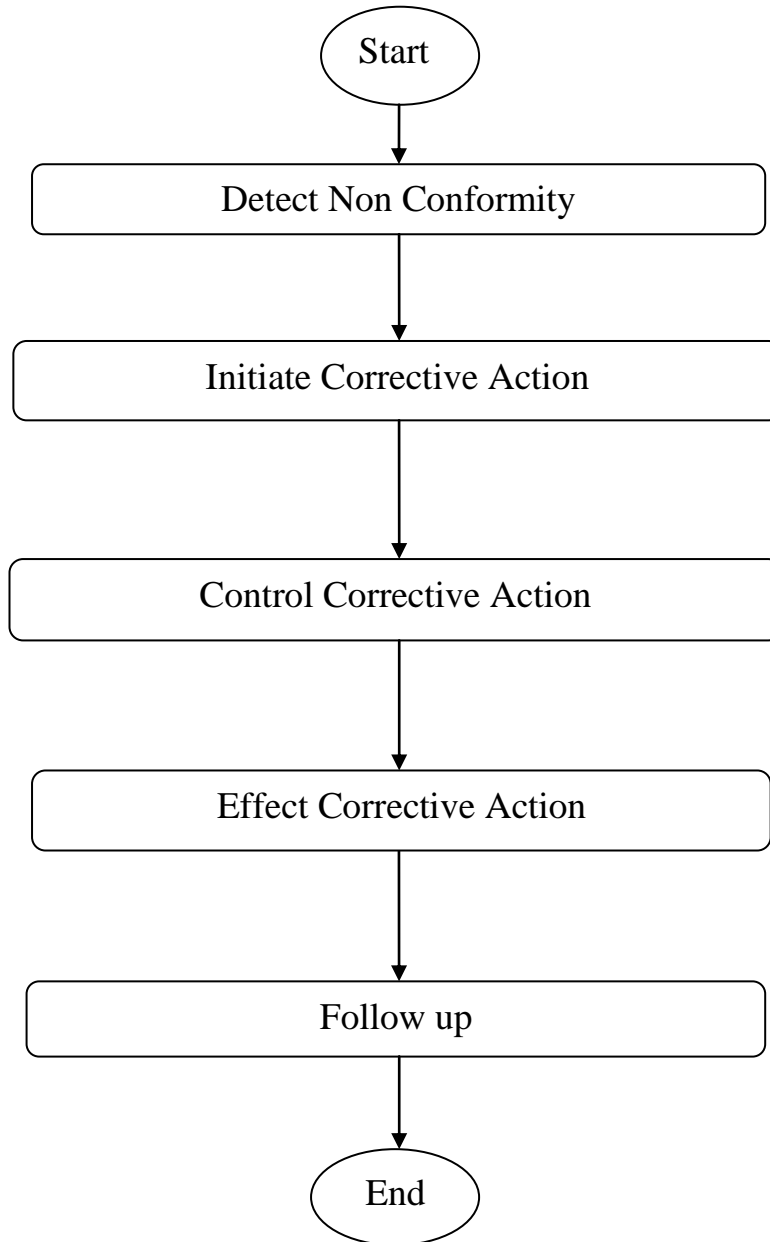
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11. PROCESS FLOW CHART



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