



CONTROL OF NONCONFORMING OUTPUTS

Doc. No:	UTS/CQA/ P17
Revision No:	02
Date:	18/10/24
Page No:	1 / 6

Prepared by:


Afegbakh

Name : Nurul Afiqah binti Ibrahim

Position: Executive, Centre for Quality Assurance

Approved by:


[Signature]

Name : Dr. Sim Siew Ling

Position: Director, Centre for Quality Assurance

AMENDMENT RECORDS

No.	Date	Remarks	Revision No.	Approved by
1	19/10/22	Establishment	00	Director, CQA
2	19/07/24	Review on flow chart of procedure; description; records	01	Director, CQA
3	18/10/24	Review on flow chart of procedure; description	02	Director, CQA

 UTS	CONTROL OF NONCONFORMING OUTPUTS	Doc. No:	UTS/CQA/ P17
		Revision No:	02
		Date:	18/10/24
		Page No:	2 / 6

1.0 OBJECTIVE

The objective of this SOP is to ensure that output/services that do not conform to their requirements are identified and controlled to meet customer satisfaction.

2.0 SCOPE

This scope of this SOP applies to QMS and all activities during internal processing or after delivering services to customers.

3.0 REFERENCES

ISO 9001:2015 QMS

4.0 DEFINITIONS / ABBREVIATIONS


CAR	:	Corrective Action Request
CQA	:	Centre for Quality Assurance
HoD	:	Head of Department
QMS	:	Quality Management System
SOP	:	Standard Operating Procedure
UTS	:	University of Technology Sarawak

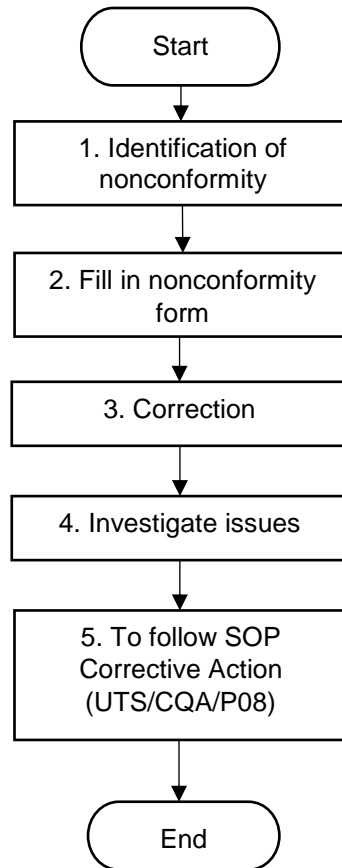
5.0 RESPONSIBILITY


- 5.1 The Director of CQA is responsible to ensure that this SOP is adhered to.
- 5.2 Dean and HoD are responsible to follow and adhere to this SOP.
- 5.3 All employees are responsible to follow and adhere to this SOP.

6.0 PROCEDURE

- 6.1 Refer to the process flow chart.


 UTS	CONTROL OF NONCONFORMING OUTPUTS	Doc. No:	UTS/CQA/ P17
		Revision No:	02
		Date:	18/10/24
		Page No:	3 / 6




 UTS	CONTROL OF NONCONFORMING OUTPUTS	Doc. No:	UTS/CQA/ P17
		Revision No:	02
		Date:	18/10/24
		Page No:	4 / 6

7.0 DESCRIPTION

No	Description	Person in Charge	Document
1	<p>Identification of nonconformity.</p> <p>1.1 Each department/ school is responsible in identifying nonconforming outputs in the course of its activities.</p> <p>1.2 All other personnel, regardless of their other responsibilities, are encourage to monitor and identify nonconforming outputs.</p> <p>1.3 All employees/ process owner are required to inform to their HoD/ Dean whenever they identified nonconforming output.</p> <p>1.4 Outputs of processes, services and/or products that are considered to be nonconforming may be identified in any of the following ways:</p> <ul style="list-style-type: none"> • Incoming product from suppliers • Internal process • Services provided by other department/ school • Customer complaint • Student feedback • Services provided by external provider • Audit findings 	<p>Involve personnel</p> <p>Process owner</p>	<p>Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)</p> <p>SOP Customer Complaint (UTS/CQA/P10)</p> <p>SOP Implementation of Internal Audit (UTS/CQA/P07)</p> <p>SOP Corrective Action (UTS/CQA/P08)</p>

 UTS	CONTROL OF NONCONFORMING OUTPUTS	Doc. No:	UTS/CQA/ P17
		Revision No:	02
		Date:	18/10/24
		Page No:	5 / 6

2	<p>Fill in department / school any related nonconformity form.</p> <p>2.1 Involve personnel to fill in the form based on identification of nonconformity of processes, services and/or products.</p>	<p>Involve personnel</p> <p>Administrator</p> <p>Process owner</p> <p>Dean</p> <p>HoD</p>	<p>Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)</p> <p>Nonconforming Report (NCR) Form (UTS-CQA-P17-NCR)</p>
3.	<p>Correction.</p> <p>3.1 Immediate action need to be done after the detection of the nonconformance.</p>	<p>Involve personnel</p> <p>Administrator</p> <p>Process owner</p> <p>Dean</p> <p>HoD</p>	<p>Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)</p> <p>Nonconforming Report (NCR) Form (UTS-CQA-P17-NCR)</p>
4	<p>Investigate issue.</p> <p>4.1 The responsible school/department to carry out proper investigation.</p> <p>4.2 HoD/ Dean shall assign personnel responsible to take appropriate action to solve and rectify the detected nonconformity.</p> <p>4.3 The process owner to investigate the root cause(s) and to prepare the corrective action plan.</p>	<p>Involve personnel</p> <p>Administrator</p> <p>Process owner</p> <p>Dean</p> <p>HoD</p>	<p>Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)</p> <p>Nonconforming Report Form (UTS-CQA-P17-NCR)</p>
5	<p>To follow SOP Corrective Action (UTS/CQA/P08).</p>	<p>Involve personnel</p> <p>Administrator</p> <p>Process owner</p>	<p>Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)</p> <p>SOP Customer Complaint (UTS/CQA/P10)</p>

 UTS	CONTROL OF NONCONFORMING OUTPUTS	Doc. No:	UTS/CQA/ P17
		Revision No:	02
		Date:	18/10/24
		Page No:	6 / 6

<p>5.1 The nonconforming output shall be corrected after investigate the issue(s).</p> <p>5.2 All verification of the corrected output shall be approved by the HoD/ Dean.</p> <p>5.3 Any corrected nonconforming output between the involve personnel(s) and departments / schools shall be recorded.</p> <p>5.4 Others SOPs which related to any corrective action on nonconforming outputs may be activated which are:</p> <ul style="list-style-type: none"> • SOP Corrective Action • SOP Customer Complaints • SOP Implementation of Internal Audit • Other SOPs which are related to the nonconformity 	<p>Dean</p> <p>HoD</p>	<p>SOP Implementation of Internal Audit (UTS/CQA/P07)</p> <p>SOP Corrective Action (UTS/CQA/P08)</p>
---	------------------------	--

8.0 RECORDS

No	Title / Records	Location / Responsibility	Retention Period
1	Nonconforming Report Form (UTS-CQA-P17-NCR)	School/Department Involve personnel Administrator Process owner Dean HoD	3 years
2	Department / Schools Masterlist of Documents (UTS-CQA-P06-MLD)	School /Department Involve personnel Administrator Process owner Dean HoD	3 years