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| Prepared by:  Name : Nurul Afqah binti Ibrahim Position: Executive, Centre for Quality Assurance | Approved by:  Name : Dr. Sim Siew Ling Position: Director, Centre for Quality Assurance |
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AMENDMENT RECORDS

| No. | Date | Remarks | Revision No. | Approved by |
|-----|----------|---|--------------|---------------|
| 1 | 03/04/14 | Establishment | 00 | Director, CQA |
| 2 | 14/10/22 | Review | 01 | Director, CQA |
| 3 | 19/07/24 | Review on references; abbreviations; responsibility; flow chart of procedure; descriptions; and records | 02 | Director, CQA |
| 4 | 18/10/24 | Review on flow chart of procedure; descriptions | 03 | Director, CQA |

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1.0 OBJECTIVE

This SOP is to ensure that timely and effective actions are taken to correct non-conformance to the process of implementing the UTS QMS.

2.0 SCOPE

This scope of this SOP applies to any non-conformity detected in product or performance of any non-academic and academic related services.

3.0 REFERENCES


- 3.1 MS ISO 9001:2015 QMS
- 3.2 Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)

4.0 DEFINITIONS / ABBREVIATIONS

| | | |
|-----|---|-----------------------------------|
| CQA | : | Centre for Quality Assurance, UTS |
| HoD | : | Head of Department |
| SOP | : | Standard Operating Procedure |
| UTS | : | University of Technology Sarawak |

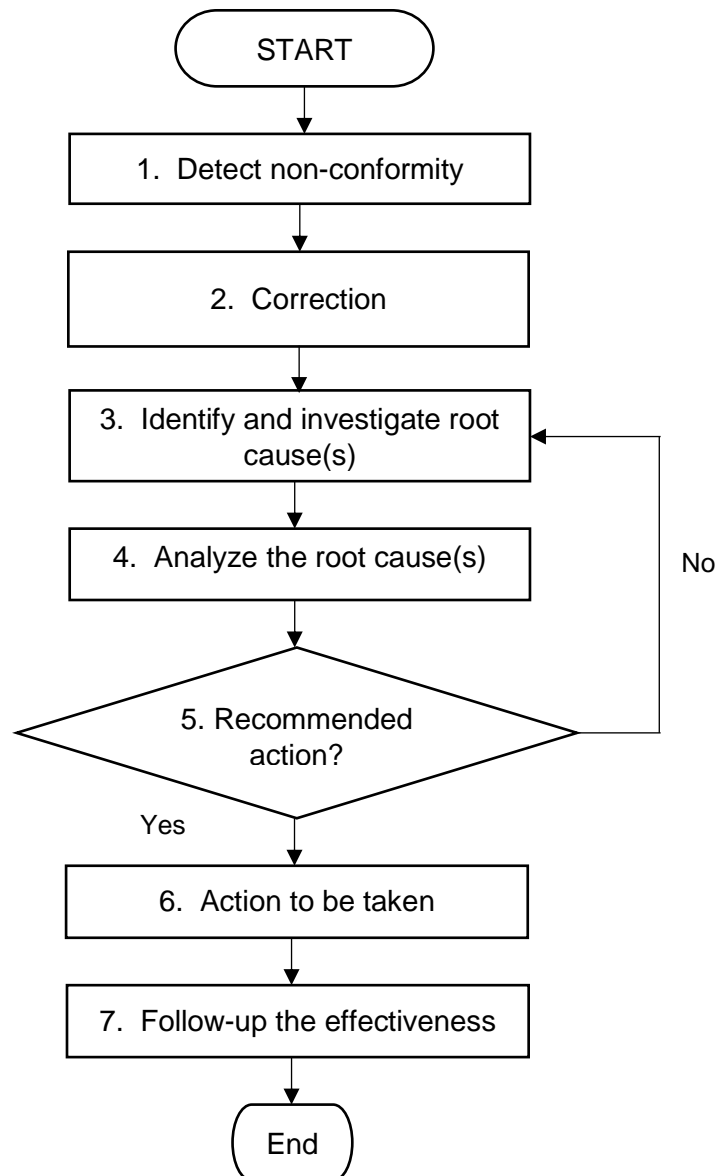
5.0 RESPONSIBILITY


- 5.1 The Director of CQA is responsible to ensure that this SOP is adhered to.
- 5.2 Dean / HoD/ process owner are responsible for non-conformities and shall ensure that the root cause of the non-conformance is promptly investigated, corrected and the required corrective action is implemented and documented to prevent recurrence

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6.0 PROCEDURE


6.1 Refer to the process flow chart as in the next page.




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7.0 DESCRIPTION

| No | Description | Person in Charge | Document |
|----|--|--|--|
| 1 | <p>Detection of non-conformities. Involve personnel to detect non-conformities through:</p> <ul style="list-style-type: none"> i. Process monitoring ii. Committee Meeting iii. Customer complaint iv. Student feedback v. Audit Findings vi. Quality Management System Review vii. Directive from Top Management | Involve personnel | |
| 2 | <p>Correction.</p> <p>2.1 Process owner to do correction or immediate action.</p> <p>2.2 Administrator of department / school to acknowledge the immediate action.</p> | <p>Involve personnel</p> <p>Administrator</p> <p>Process Owner</p> | <p>Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)</p> |
| 3 | <p>Investigate root cause(s).</p> <p>3.1 Dean / HoD / Process owner of department / school to identify the root cause(s) of the nonconformities.</p> <p>3.2 Dean / HoD / Process owner of department / school to determine the root cause(s) of the nonconformity</p> | <p>Dean</p> <p>HoD</p> <p>Administrator</p> <p>Process Owner</p> | <p>Corrective Action Request (UTS-CQA-P08-CAR)</p> <p>Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)</p> |

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| | after the issuance of corrective action request. | | |
| 4 | <p>Analyse the root cause(s).</p> <p>4.1 Dean / HoD / Process owner of department / school to analyse root cause(s) of the non-conformities and design the corrective action plan.</p> | <p>Dean</p> <p>HoD</p> <p>Administrator</p> <p>Process Owner</p> | <p>Corrective Action Request (UTS-CQA-P08-CAR)</p> <p>Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)</p> |
| 5 | <p>Recommended action?</p> <p>5.1 Dean / HoD / Process owner of department / school decide on corrective action to be taken after investigation.</p> <p>5.2 If yes, proceed to no. 6.</p> <p>5.3 If no, reidentify and reinvestigate the root cause(s), and back to no. 3.</p> | <p>Dean</p> <p>HoD</p> <p>Administrator</p> <p>Process Owner</p> | <p>Corrective Action Request (UTS-CQA-P08-CAR)</p> <p>Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)</p> |
| 6 | <p>Action to be taken.</p> <p>6.1 Dean / HoD / Process owner of department / school to execute the action plan.</p> | <p>Dean</p> <p>HoD</p> <p>Involve personnel</p> <p>Administrator</p> <p>Process Owner</p> | <p>Corrective Action Request (UTS-CQA-P08-CAR)</p> <p>Department/ School Masterlist of Documents (UTS-CQA-P06-MLD)</p> |
| 7 | Follow-up the effectiveness of the action taken. | <p>Dean</p> <p>HoD</p> <p>Involve personnel</p> | <p>Corrective Action Request (UTS-CQA-P08-CAR)</p> <p>Department/ School Masterlist</p> |

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| | 7.1 Dean / HoD / Process owner of department / school to assess the effectiveness of the plan. | Administrator Process Owner | of Documents (UTS-CQA-P06-MLD) |
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8.0 RECORDS

| No | Title / Records | Location / Responsibility | Retention Period |
|----|--|---|------------------|
| 1 | Corrective Action Form (UTS-CQA-P08-CAF) | Department / School Dean HoD Involve personnel Administrator Process Owner | 5 years |
| 2 | Department/ School Masterlist of Documents (UTS-CQA-P06-MLD) | Department / School Dean HoD Involve personnel Administrator Process Owner | 5 years |