Approved by
Chairman of the Management Board,
NLC KTU Rector
_____M.K. Ibatov
Decision of the Academic
Council No. 3 dated 11. 10 2021

DOCUMENTED PROCEDURE

NONCONFORMITIES AND CORRECTIVE ACTIONS

KTU DP II – 04 – 2021

Developed by: Compliance officer
Zhetessova G.S

Karaganda

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Effective date 2021. 10. 11
(year, month, day)

1 Scope

This documented procedure establishes the order of taking corrective actions to eliminate the causes of nonconformities for preventing their recurrence.

The provisions of this procedure are mandatory for all the employees of NLC "Karaganda Technical University" (hereinafter referred to as KTU) subdivisions included in the quality management system (QMS).

This documented procedure is a part of the quality management system documentation.

2 Regulatory references

In this documented procedure, references are made to the following normative documents:

RK ST ISO 9001-2016 (ISO 9001:2015) "Quality Management System. Requirements".

RK ST ISO 9000: 2017 (ISO 9000:2015) "Quality management systems. Basic Provisions and Vocabulary".

3 Terms, definitions and abbreviations

In this documented procedure, the terms, definitions and abbreviations in accordance with ST RK ISO 9000 are applied:

- KTU - Karaganda Technical University;
- QMS - quality management system;
- DP - documented procedure;
- QMR - quality management representative;
- CQM&A – Center of quality management and accreditation;
- DAA - Department of Academic Affairs.

4 Responsibility and authority

4.1 This documented procedure (DP) is approved at the meeting of the Academic Council.

4.2 Responsibility for implementing the procedure is borne by the Quality Management Representative (QMR) and the head of the center of quality management and accreditation (hereinafter CQM&A).

4.3 The developer of this procedure is the Compliance officer.

4.4 Responsibility for organization and coordination of activities for implementing specific stages of the document management process and the quality of

the final results is borne by the heads of departments who are participants in implementing a specific stage.

4.5 Responsibility for the safety, unauthorized copying of documents of the quality management system (QMS) located in the department, and leakage of official information is borne by the heads of departments.

5 General provisions

5.1 In accordance with ST RK ISO 9001, if there is detected a nonconformity including any following from the claims, the organization should:

a) respond to nonconformity and, to the extent applicable:

1) take action to manage and correct the nonconformity;

2) take action in relation to the consequences;

b) evaluate the need for action to eliminate the cause (s) of the nonconformity so that it does not recur or occur elsewhere, by:

1) analyzing the nonconformity;

2) determining the reasons of nonconformity;

3) identifying whether there are such nonconformities or they could potentially occur;

c) take any necessary action;

d) review the effectiveness of any corrective action taken;

e) update, as necessary, the information of the risks and opportunities identified during the planning phase;

f) make changes to the quality management system, if necessary.

5.2 This documented procedure defines control, responsibilities and authorities to prevent releasing a nonconforming product at all the stages of training and management of identified nonconformities.

5.3 Corrective actions should be appropriate to the consequences of the identified nonconformities.

5.4 It is needed to analyze regularly:

- claims of consumers, students, employees and other interested parties;
- all types of nonconformities and comments identified during internal and external audits;
- internal QMS documentation including records, Quality Policy and Objectives, and various employee suggestions.

5.5 All the departments of the KTU participating in the QMS are obliged to identify the causes of any problems associated with:

- nonconformities in the QMS;
- consumer complaints;
- the use of inappropriate QMS documents.

5.6 Subdivisions of the KTU participating in the QMS must take the needed corrective actions, regardless of the reasons that determine the need for their implementation.

5.7 The heads of the departments must provide support for all the improvements in order to make sure of their effectiveness.

5.8 Corrective actions are considered effective if no recurrence of the problems for which they were taken is observed.

5.9 Records of the nature of identified nonconformities, corrective actions and the plan of actions to eliminate and prevent their recurrence are retained and maintained in the working state.

6 Description of the procedure

6.1 The purpose of nonconformity management is the following:

- ensuring that nonconforming products/services are corrected in a timely manner;
- registering, analyzing, and taking corrective actions in the future of similar nonconforming products/services.

6.2 The issue of nonconforming product is resolved as follows:

- by taking action to eliminate the detected nonconformity;
- for non-fulfillment of the curricula of specialties and areas of training, violation of the obligations stipulated by the Charter of the University, the Rules of the internal order students can be expelled from the University.

6.3 Determining the fact of nonconformities is possible on the basis of the following sources:

- information (complaints) of consumers and other interested parties;
- interaction with KTU consumers and other interested parties;
- internal checks;
- based on the results of self-assessment by KTU;
- according to the results of an external audit of KTU during certification, licensing, certification and accreditation.

6.5 The information for analyzing the causes of nonconformities is:

- data from the QMS documentation and their compliance with the criteria (see Tables 1, 2 of KTU DP II-03);
- powers and proposals for improving the QMS (see KTU DP II - 03);
- data on ranking the activities of the university (Methodology for ranking higher and postgraduate education in the Republic of Kazakhstan by specialties;
- the results of periodic checks of the QMS documentation (Policy and objectives in the field of quality, DP, methodological guidelines, regulations on the unit, job descriptions, rules).

6.6 The reasons for nonconformity can be:

- low school training of students in the basic disciplines of the University: mathematics, physics, chemistry, as well as language training;
- low academic discipline of students: failure to attend classes, not meeting the schedule of the educational process;
- violation of the schedule for the issuance of control materials, test assignments, term papers and projects, computational and graphic works;
- violation of the schedules of consultations on disciplines;
- inconsistency of the work programs of disciplines with the requirements of the development of production, the labor market.

6.7 At the stage of training, the reasons for nonconformity are established based on the results of sessions, checks of the readiness of departments for the academic year, checks by representatives of the administration, the DAA and reports of commissions at the Academic Council of the University, at faculty educational and methodological meetings.

6.8 To analyze the compliance of graduate specialists with the needs of the labor market, the DAA organizes a questionnaire survey of enterprise managers about the quality of training at the University in various areas: technical, economic, informational, legal, etc., and their wishes for adjusting the work programs of disciplines.

6.9 Methods needed to ensure the effectiveness in implementing the nonconforming product control process:

- organizing further education and passing the exam in the discipline;
- getting reinstated at the University;
- retraining;
- expelling.

6.10 The procedure of managing nonconformities consists of the following stages:

- identification of non-compliance;
- registration and identification of non-conformity;
- suspension of use and isolation of inappropriate products/services;
- analysis of the reasons for nonconformity;
- determination of the necessary design documentation to eliminate the non-conformity;
- analysis of the effectiveness of the event;
- analysis of the effectiveness of the process.

6.11 Identification of inconsistencies in the educational activities of the KTU is carried out when measuring and analyzing the characteristics of educational services / products.

Measurement and analysis of the characteristics of educational services/products occurs:

- when assessing the quality of training sessions;

- during the intermediate and final control of students' knowledge;
- by collecting statistical information;
- by testing students (control of residual knowledge of students);
- by questioning students and graduates;
- by questioning employers;
- when considering complaints and claims received from consumers, teaching staff and KTU employees.

6.12 All the cases of deviations, both established and potentially possible, are recorded without fail by filling out a non-conformity report.

6.13 Suspension and isolation of nonconforming product/service

6.13.1 A product/service found to be nonconforming with the requirements of regulatory documents should be separated from a product/service that is conforming with these requirements to exclude the possibility of its unintentional use or transfer to the next stages of the process.

6.14 Analysis of reasons for nonconformity

6.14.1 An analysis of nonconformities and their causes is carried out in order to assess the significance and degree of their impact on the quality of products/services, as well as to establish the costs necessary to eliminate them.

6.14.3 The graduating department, on the basis of the decision of the administration, develops corrective and preventive actions to eliminate the factors of nonconformity, their reaction during the training of specialists and in the next final certification

6.14.4 Analysis of the reasons for non-compliance provides for:

- determining the root cause in the chain of possible causes that led to the occurrence of the nonconformity;
- determining the possible consequences of nonconformity;
- ranking the causes in order of importance (if there are several reasons for one nonconformity) and possible consequences.

6.14.4.1 Claims, complaints and responses from enterprises are registered by the office and transmitted to the QMR.

6.14.4.2 The QMR shall review the information received within 3 days and depending on its content can:

- form a group to identify and analyze the causes of the problem;
- transfer to the subdivision (dean's office, department, department) the information to identify and analyze the causes of the problem.

6.14.4.3 The time limit for identifying and analyzing the causes of nonconformities is established by the QMR, depending on the complexity of the problem, but not more than 4 weeks from the date of receipt of the information.

6.14.4.4 Ways to establish the causes of nonconformities:

- analysis by an individual or a group assigned to develop the CA;
- observation;

- statistical methods;
- sociological methods.

6.14.4.5 Implementation of corrective action plans is carried out by the unit involved in corrective actions.

6.14.5 Planning for corrective and preventive actions

6.14.5.1 Corrective actions are developed by the department managers in order to prevent the recurrence of nonconformities.

6.14.5.2 The developed corrective actions are considered at the meetings of the unit, agreed with a higher official and approved by the vice-rector.

6.14.5.3 For the approved corrective actions, an action plan is developed, which identifies the persons responsible for the implementation and sets the deadlines.

6.14.5.4 Control over executing the action plan is carried out by an official.

6.14.6 Evaluating the effectiveness of corrective actions

6.14.6.1 Criteria for evaluating the effectiveness of corrective actions shall be developed by the developer in conjunction with the corrective action plan.

6.14.6.2 If appropriate, the developer can make proposals for changes in the assessment criteria during the implementation of corrective actions, but no later than half of the specified period for the implementation of the correction.

6.14.6.3 Proposals for changes in the evaluation criteria shall be approved by the QMR.

6.14.6.4 The results of the assessment are filled in according to the form presented in Appendix A.

6.15 The process effectiveness analysis

6.15.1 Once an academic year the head of the department analyzes the effectiveness of the results of internal audit.

7 Coordination and implementation

Coordination of this DP is performed in accordance with KTU DP II - 01 and is registered in the Coordination sheet (Appendix B).

8 Replication and distribution of the document

Copying and distributing this DP should be made in accordance with KTU DP II – 01.

9 Storage

This DP should be stored in accordance with KTU DP II – 01.

10 Making changes to the document

Amendments to this DP should be made in accordance with KTU DP II – 01.

11 Removal and withdrawal of the document

Cancellation and disposition of this DP should be made in accordance with KTU DP II – 01.

Appendix A
(mandatory)

F. DP-II-04-01

Results of assessment

Name of output data	From where and when were received	The content of the output data or the document formed within the procedure (document registration number)	Person responsible for input of the output data	Place of storage	Term of storage
1	2	3	4	5	6
1 Corrective action plan					
2 Changes to the QMS docu mentation					
3 Changes of authority to the quality management system					
4 Improved parameters as a result of corrective actions					
5 Modernization of methods for measuring product parameters and production processes					
6 Results of evaluating the effectiveness of corrective actions					
7 Results - measurements and analysis consumer requirements; - checks DP, DI, MI, rules; - analysis of methods for measuring processes and product quality indicators					

Appendix B
(mandatory)

F. 04 - 2020

Coordination sheet

Position	Name	Date	Signature
QMR	Zhetessova G.S.	05.10.2021.	
Head of the CQM&A	Zhunussova G.Ye.	04.10.2021.	

Appendix C
(mandatory)

F. 05 -2020

Familiarization sheet

Position	Name	Date	Signature