1. Policy

Preventive actions allow the FAU to be proactive in identifying potential nonconformities and to continuously reduce the likelihood of nonconformities. This quality manual document fulfills the requirements of the FAU Quality Management system and ISO/IEC 17020 International Standards.

2. Scope

The outlined procedures apply to all FAU personnel who are involved in the preventive action process.

3. Procedure for Implementing a Preventive Action

A preventive action is an action to eliminate the cause of a potential nonconformity and to mitigate potential problems before they occur. Any member of the FAU may identify a potential nonconformity and initiate a Preventive Action Request.

3.1 **Notification of Potential Nonconformity:** If a potential nonconformity or area of improvement is identified, the FAU member responsible for its identification shall notify the QA Specialist (if the individual is someone other than the QA specialist). If the QA Specialist agrees that the potential nonconformity/area of improvement is significant then a Preventive Action Request shall be initiated. If a preventive action is identified through a scheduled internal audit, competency test, or proficiency test, the QA Specialist shall initiate the Preventive Action Request.

3.2 **Completing the Preventive Action Request:** A Preventive Action Request Form is used to document and track the progress of the preventive action being implemented. The form outlines the potential nonconformity, the individual managing the preventive action, the steps required to complete the action, and the expected date of completion.

3.2.1 **Preventive Action Steps**: Action steps should focus on ways to improve upon a situation/condition and ways to reduce the risk of a nonconformity.

3.2.2 **Accepting Preventive Action**: The QA Specialist or designee shall review the Preventive Action Plan to determine whether the outlined steps and the expected time frame are adequate to address the potential nonconformity.

If the Preventive Action Plan is considered inadequate it shall be returned to the author of the plan for revision. The QA Specialist or designee should provide comments for areas to be revised.

If the Preventive Action plan is accepted, the QA Specialist or designee shall sign and date the form in the space labeled "Reviewed and Accepted By" and return the form to the individual responsible for managing the preventive action.

3.2.3 **Closing out a Preventive Action Request**: Once notified that the action step(s) have been completed, the QA Specialist or the Forensic Anthropology Director (Director) shall review the evidence in support of its completion. If the QA specialist or the Director agrees that the preventive action step(s) have been adequately completed, he/she will sign and date the Preventive Action Request in the space labeled "Actions Completed/Closed Out."

3.2.4 **Tracking Preventive Action Requests**: The QA Specialist is responsible for keeping track of all Preventive Action Requests to ensure that the Preventive Action Plan is implemented in a timely manner.

3.3 **Preventive Action Record**s: The Preventive Action Request forms and associated records (i.e., planned action steps) shall be created and retained by the FAU for at least the duration of the current ISO/IEC accreditation cycle (i.e., three years).

4. References

International Standards ISO/IEC 17020: 2012 (E) Conformity assessment - Requirements for the operating of various types of bodies performing inspection, 2nd edition, International Standards Organization (ISO)/International Electrotechnical Commission (IEC), 2012.

5. Revision History

REV.	DATE	SUMMARY OF CHANGES
0	29 January 2018	New document.