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 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 or OCME QA Director shall initiate the Preventive Action Request.

3.2 **Preventive Action Request (PAR) Form:** A (PAR) 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 individual approving the preventive action plan, 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 **Approving a PAR**: An approver is designated to review the preventive action plan to confirm the action steps are appropriate and effectively address the potential nonconformity and that the expected time frame is adequate. The designated approver can be the OCME QA Director, the QA Specialist, or the Forensic Anthropology Director (Director).

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.

When the preventive action plan is accepted, the designated approver shall sign and date the PAR form in the space labeled "Reviewed and Accepted By" and return the form to the individual responsible for managing the PAR.

3.2.3 **Completing Preventive Actions:** Upon completion of the action step(s), the individual responsible for implementing the PAR shall sign and date the form in the space labeled "Action Step(s) Completed by" before returning the form to the designated approver.

3.2.4 **Preventive Action Follow-up Review:** The designated approver shall perform a follow-up review of the action step(s) to confirm the effectiveness of the preventive action in addressing the potential nonconformity. The approver shall fill out the "Follow-up Review" section of the PAR form after confirmation is completed. The preventive action is considered "closed out" once the approver signs and dates the PAR form.

3.2.4.1 If the approver determines the action step(s) were not sufficiently implemented or the action step(s) did not effectively address the potential nonconformity, the PAR form shall be returned to the individual responsible for managing the PAR for further action.

3.3 Documentation: The Preventive Action Request Forms and associated records (i.e., planned action steps) shall be created and retained by the FAD 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 3rd edition, International Standards Organization (ISO)/International Electrotechnical Commission (IEC), 2012.

5. Revision History

REV.	DATE	SUMMARY OF CHANGES
0	29 January 2018	New document.
1	27 September 2018	Section 3.1: OCME QA Director was added to individuals that can initiate a preventive action plan during an internal audit. Section 3.2: Added the statement "the individual approving the preventive action plan" to what should be included on the PAR form.

		Section 3.2.2. changed the statement to as follows: "**Approving a PAR**: An approver is designated to review the preventive action plan to confirm the action steps are appropriate and effectively address the potential nonconformity and that the expected time frame is adequate. The designated approver can be the OCME QA Director, the QA Specialist, or the Forensic Anthropology Director (Director)." Section 3.2.3 changed clause to "**Completing Preventive Actions:** Upon completion of the action step(s), the individual responsible for implementing the PAR shall sign and date the [illegible] in the space labeled "Action Step(s) Completed by" before returning the form to the designated approver." Added procedure for a follow-up review in sections 3.2.4 and 3.2.4.1.