

Procedure for Preventive Action

1.0 Purpose - This procedure establishes the process to track and prevent potential non-conformities in the State Crime Laboratory (Laboratory) Quality Management System.

2.0 Scope - This procedure is applicable to all organizational units in the Laboratory.

3.0 Definitions

- **Non-conformity** – A non-fulfillment of a specified or implied requirement of the Quality Management System.
- **Preventive action** – An endeavor to eliminate the cause of a potential nonconformity.

4.0 Procedure

4.1 Overview

4.1.1 Preventive actions are part of a proactive process for improvement of the quality system. A preventive action is undertaken to identify opportunities for improvement and to reduce the likelihood of a nonconformity. Preventive action includes the use of audit results, quality records and complaints to detect, analyze, and eliminate potential causes of non-conformities.

4.1.2 The preventive action process consists of:

- Identifying and reviewing a potential issue.
- Determining the potential cause of an issue.
- Determining the course of action to eliminate the problem from occurring.
- Implementing the action.
- Ensuring the action solved the problem and is effective over time.

4.2 Identification of Conditions or Situations – If a condition exists that may be improved, the Laboratory employee identifying the issue shall notify his/her immediate supervisor. If a preventive action is identified through an internal audit or assessment, the Forensic Scientist Manager or designee shall initiate the process.

4.3 Initiating a Preventive Action

4.3.1 When an opportunity for improvement is identified, the employee shall document the concern by emailing the Quality Manager (QM) and copying the immediate supervisor.

4.3.2 The QM, in conjunction with the appropriate Supervisor, Manager, and/or Technical Leader, will determine if a preventive action is warranted.

4.3.3 If the preventive action is necessary, the QM shall assign the preventive action to an employee for development of a plan for completion. This action shall be included on the Preventive Action Record (PAR) and shall contain the root cause, step(s) necessary to implement the preventive action, and the expected date(s) of completion.

4.3.4 Sections I and II of the PAR shall be completed and forwarded to the QM for review.

4.3.5 If the preventive action is not necessary, the QM shall notify the submitting employee of the decision.

4.3.6 A spreadsheet of all potential improvements and resulting outcomes shall be maintained by the QM.

4.4 Completing a Preventive Action

4.4.1 The QM shall review Sections I and II of the PAR. If approved, the QM shall sign and date Section III of the PAR and return to the appropriate Supervisor, Manager, and/or Technical Leader. If the action is not approved, the QM shall explain in Section III and return the PAR to the appropriate Supervisor, Manager, and/or Technical Leader. If the implementation involves more than one Section and/or Laboratory, the QM shall communicate with the Forensic Scientist Managers involved.

4.4.2 The Forensic Scientist Manager or designee shall execute, monitor, and document the effect of the plan. If the plan extends over period greater than 30 days, the QM shall monitor the progress of the plan.

4.4.3 The employee responsible for completing the preventive action shall notify the supervisor upon completion. The notification shall include demonstrable proof that the action had the intended effect. The supervisor shall sign and date the line "Actions completed" in Section III.

4.5 Verification of Effectiveness - The Forensic Scientist Manager shall verify the short-term effectiveness of the preventive action. This verification may be accomplished through review of supporting documentation. Once effectiveness has been verified, the appropriate supervisor shall sign and date the line "Effectiveness verified" in Section III.

4.6 Closing a Preventive Action

4.6.1 The QM shall review the PAR and supporting documentation and determine if the preventive action is complete or specify further action.

4.6.2 The Forensic Scientist Manager shall ensure that Section members are trained in the new preventive action.

4.6.3 The appropriate Assistant Director and QM shall close a preventive action by signing and dating the line "Closed" in Section III and post the PAR to the Laboratory intranet.

4.6.4 After the Preventive Action is closed, the action shall be incorporated into the appropriate document immediately.

5.0 Records – The spreadsheet of suggested improvements, PAR, and any supporting documentation shall be retained by the QM according to the record retention schedule as set forth by the North Carolina Department of Cultural Resources.

6.0 Attachments - N/A

Revision History		
Effective Date	Version Number	Reason
09/17/2012	1	Original Document
10/31/2013	2	Added issuing authority to header
12/19/2014	3	Throughout document - consolidated QCO and QM duties to QM and removed Deputy Assistant Director
10/19/2015	4	4.3 – Updated process for initiating a preventive action via email communication 4.4.1 – Updated review of PAR by QM and disposition of decision 4.6.1 and 4.6.2 – Removed transmittal of PAR since this is saved on shared drive by QM
04/28/2017	5	4.5 – added short-term 4.6.3 – added appropriate Assistant Director 5.0 – added spreadsheet