
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 action plans 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 completing Section I of a Preventive Action Request (PAR) and forwarding to his/her immediate supervisor. The supervisor shall review the PAR, sign Section I, and transfer to the Forensic Scientist Manager.

4.3.2 If the Forensic Scientist Manager deems no preventive action is necessary, this shall be explained in Section II of the PAR and Section III PAR shall be marked "Closed." The form shall be forwarded to the Quality Manager (QM) for posting to the Laboratory intranet.

4.3.3 If the Forensic Scientist Manager deems that preventive action is necessary, the Forensic Scientist Manager shall develop a plan for completing the preventive action. This action shall be included in

Section II 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 form shall be completed and forwarded to the QM for review.

4.4 Completing a Preventive Action

4.4.1 After discussion with the Forensic Scientist Manager, the QM shall determine if the preventive action is warranted. If approved, the QM shall sign and date Section III of the PAR and return to the Forensic Scientist Manager. If not approved, the QM shall explain in Section III and return the PAR to the Forensic Scientist Manager. 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 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. The signed PAR form is then submitted back to the appropriate Forensic Scientist Manager.

4.6.2 The Forensic Scientist Manager or designee shall transmit the preventive action to other members of the Section. The Forensic Scientist Manager shall ensure that Section members are trained in the new preventive action.

4.6.3 The 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 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