

CORRECTIVE/PREVENTIVE ACTION REPORT FORM

Issued to: _____

Date: _____

Source:

feedback from monitoring/daily operationaudit findings

Initiator:

I. PROCESS/AREAS AUDITED

This box contains the process/areas of the on-going or recently concluded project.

II. DETAILS OF FINDINGS

This box shall reflect the detailed finding of the responsible person as to the issues/concerns identified brought about by non-conformance or deviation from the standards. These observations surfaced or are gathered during actual visit to the project site, customer feedback or observed during day to day operations.
This box shall contain but not limited to the following:

Non-conformance to policies, standards, statutory and regulatory requirements, provisions of the MOA or partnership agreement.
Deviation or unmet targets (timeliness, customer service satisfaction, prescribed number of trainees, identified deliverables by service providers)
Customer complain

Issued by:

Acknowledged by:/Date

Name and Signature of Initiator

Division Chief, ESD

III. Note: A, B and C are to be filled-up by the Director of Extension Services Department and be submitted to the University President for approval. (copy furnished HRDO)

A. Corrective Action

This box shall contain actions to be taken to address the root cause and prevent recurrence of the non-conformance or deviation from the standards.

B. Root Cause Analysis

This box shall contain the root cause(s) of the deviation or non-conformance as reported or identified but the monitoring officer/supervisor/client as a result of the root cause analysis conducted by concerned parties.

C. Proposed Preventive Action

This box shall contain identified preventive actions agreed upon by all parties concerned and recommended by program supervisor to be adopted/implemented to insure that the non-conformance or deviation will be avoided in the future in other colleges/campuses/departments.

Prepared by:

Director, Extension Services Department

Approved by:

University President

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