



MONITORING, MEASUREMENT AND IMPROVEMENT

(INCLUDES CONTROL OF NON-CONFORMITY CORRECTIVE AND PREVENTIVE ACTIONS)

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1. Purpose and Scope:

This procedure describes the processes for customer satisfaction monitoring, the monitoring and measurement of processes, the implementation of corrective and preventive actions (including the management of customer complaints) and the continual improvement of Quality Management System (QMS) effectiveness.

This procedure contains the following sections:

- A. Customer satisfaction
- B. Process monitoring
- C. Analysis of data
- D. Control of non-conformity
- E. Continual improvement
- F. Corrective action
- G. Preventive action
- H. Related documents

Appendix A – Customer Complaints Flowchart

Appendix B – Corrective Action, Improvement and Customer Satisfaction Flowchart

2. Definitions:

QAM: Quality Assurance Manager

QP: Quality Procedures

MR: Management Representative

QM: Quality Manual

QMS: Quality Management System

SOP: Standard Operating Procedure

QML: Quality Master List

CAPA: Corrective Action & Preventive Action

3. Responsibilities:

The CEO or the Management Representative are responsible for the overall implementation of this procedure, including the gathering of customer satisfaction data and the implementation of improvement activity.

The Quality Assurance Manager (QAM) is responsible for the monitoring of QMS effectiveness through audit and process review.

4. Procedure:

4.1. Customer satisfaction

All feedback from customers is monitored and analyzed to ascertain customer satisfaction. Any service problems or improvement suggestions can be received by any member of staff. A record of correspondence related to significant feedback is maintained on customer feedback form **GCIQCS-REC-26**.



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The Customer feedback form **GCIQCS-REC 26** may be sent to various customers / customer organizations on conclusion of a significant supply activity. Customer satisfaction feedback is also obtained through the company website via email. The method for analyzing the results from the Customer feedback form **GCIQCS-REC-26** will be defined in associated data analysis reports.

4.2. Process monitoring and measurement.

Quality processes and procedures are verified by internal audit and process monitoring. These measures are used to monitor quality and operational processes to determine that planned results have been achieved including conformity with GCIQCS's quality objectives and targets recorded in **(GCIQCS-REC-56)** Quality objective form. Audit non-conformities and their associated corrective actions are recorded in **GCIQCS-REC-58 CAPA Form**. Further details are given in the Standard document Procedures **GCIQCS-SOP-17**- Procedure for internal audit.

4.3. Analysis of data

Appropriate data is determined, collected and analyzed to demonstrate the effectiveness of the QMS and operational processes. This data is then used to evaluate where improvements in management system effectiveness can be made.

The data generated from monitoring and measurement or other relevant sources is analyzed to provide performance information relating to:

- Customer satisfaction.
- Conformity of service requirements.
- Trends/ characteristics of processes and services, and opportunities for preventive action.
- Sub-contract / service provider performance
- Effectiveness of Preventive Actions and corrective actions

Results of data analyses are reviewed at six monthly Management Review meetings.

4.4. Control of non-conformity

Where non-conformity is identified with the activities and services provided by GCIQCS, this will be recorded in CAPA Form **GCIQCS-REC-58**, investigated and acted upon as appropriate. All such instances are subject to review in line with the degree of concern. Records of non-conformity are maintained and analysed as part of both internal audits and Management Review. Products or services are reviewed by authorised staff in order to determine any remedial action and any remedial work is subsequently inspected.

In the unlikely event that a service may not fully meet specified requirements, but is still acceptable to the client, this will be reported on a concession CAPA Form **GCIQCS-REC-58** as appropriate. Records of any concessions will be held by the Management Representative.

4.5. Continual improvement

The effectiveness of the QMS is continually improved through the review of Quality Policy Statement and Quality Objectives **(GCIQCS-REC-56)**, the analysis of audit results, corrective and preventive actions, customer feedback and associated data.

Improvement suggestions can also be documented by any member of staff on a CAPA Form **GCIQCS-REC-58** . Improvement actions are also reviewed and documented as an output of the Management Review.

If Quality Objectives **(GCIQCS-REC-56)** have been reached and can be maintained, then the targets are stretched to ensure that the company meets its objective of continual improvement and performance growth.



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All preventive and corrective actions implemented to prevent or eliminate the cause of non-conformities are recorded in CAPA Form (**GCIQCS-REC-58**), whether non-conformity is derived from customer dissatisfaction, QMS defect, core process, etc... where identification is made for customer, problem type and initial corrective action or any other information.

The CAPA form **GCIQCS-REC-58** is completed by Quality Assurance Manager with corrective and preventive actions resulting from the analysis of the issue raised, Results of the investigation; and where required, subsequent corrective action is fed back to the customer.

ALL CAPA Forms are recorded and presented in Internal Audits and Management review meetings to be reviewed and practically check whether the action taken is effective and eliminated the cause of non-conformity.

4.6. Corrective actions

Any non- conformities are analyzed to develop corrective actions which eliminate root cause and prevent re-occurrence. The effectiveness of corrective actions is granted by implementing the following:

- Reviewing NCs, including customer complaints.
- Determining the cause of a NC.
- Evaluating the need for action to prevent re-occurrence.
- Determining and implementing action needed.
- Recording results of action taken.
- Review of corrective action implemented.

Records of corrective actions are reviewed at 1 year / periodic Management Review meetings to determine the effectiveness of actions taken and establish if any trends can be identified. If so, these trends are used to allocate resources for corrective actions and improvement activities.

Any changes to management system procedures found necessary are implemented, verified and recorded as appropriate.

4.7. Preventive actions

A review of key processes is conducted through internal audits or as indicated by quality data. This review is used to identify and eliminate potential nonconformities and assure effectiveness of the actions implemented. The implementation and maintenance of effective management system procedures is also part of preventive action planning.

In addition, a process of continuous review is applied to all services and processes to identify possible improvement opportunities.

Appropriate sources of information such as management system procedures and instructions, audit results, project records, Quality Reports and satisfaction surveys are used to detect, analyze and eliminate potential causes of nonconformity.

Preventive actions and improvement suggestions are recorded on the CAPA form **GCIQCS-REC-58** . All Quality Reports are reviewed at Management Review meetings and the need for action to prevent nonconformity is evaluated. The results of any preventive action taken are recorded on the CAPA form **GCIQCS-REC-58** and the effectiveness of the preventive action reviewed.

4.8. Notice Period allowed for both Certification Body team members.

Timeframe allowed for team members to respond to different type of corrective actions done by applicant:

Time frame allowed for GCIQCS Team members to respond



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Corrective Actions to be performed by GCIQCS Team member based on external audit:

Preventive actions

Type of actions needed to be addressed by GCIQCS Team members	Time Frame for GCIQCS Team Members to respond with actions plan	Time frame for GCIQCS Team members to implement actions Plan
Corrective actions submitted by applicant post GCIQCS Audit.	As per KPIs, please refer to GCIQCS-SOP-19 Post certification process for the details.	N.A.
Corrective Actions to non-conformities raised in internal audit.	Major Non-conformity: Max 1 Month or else should be justified Minor non-conformity: Max 3 Months or else should be justified Observation: Max 6 Months or else should be justified	As per the approved actions plan submitted
Corrective Actions to non-conformities raised in external audit.	As per the related body regulations	As per the related body regulations
Preventive actions	1 month upon approving the action or else should be justified	As per the approved actions plan submitted



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5. Related Forms:

Listed Agreements, SOPs, Records related to this SOP are as follows:

Quality Manual	GCIQCS-QM-01
Quality Master List	GCIQCS-REC-01
Customer Feedback forms	GCIQCS-REC-26
CAPA Form	GCIQCS-REC-58
Quality Objective Form	GCIQCS-REC-56

6. References:

- ISO/IEC 17065, Conformity Assessment - Requirements for bodies certifying Products, Processes and services.
- ISO/IEC 17021-1, Conformity Assessment — Requirements for bodies Providing audit and Certification of management systems.
- ISO/IEC 17000, Conformity Assessment — Vocabulary and general principles.
- ISO/IEC 17020, Conformity Assessment— Requirements for the operation of various types of bodies performing inspection.
- ISO/IEC 17025, General requirements for the competence of testing and calibration laboratories.
- ISO/IEC 17067, Conformity Assessment — General requirements for third-party marks of conformity.
- ISO/IEC 17030, Conformity Assessment — General requirements for third-party marks of conformity.
- GCIQCS Manual GCIQCS-QM-01
- GCIQCS-REC-01-Quality Master List.



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Revision History:

Date	Revision #	Description of Changes
02 Feb 2022	00	Initial
17 July 2023	01	Reference of obsolete standards or revised documents have been deleted and or corrected. Procedure aligned to make applicable on all offices of Geo Chem (e.g. UAE, CHN etc.)