DOCUMENT AUTHORIZATION & REVISION HISTORY

Revision No.	Description of Change	Date of Release	Prepared By	Approved By
00	Initial Document	01/03/2024		
01	To include the addressing audit finding as per MSPO 2.0 Scheme document	15/10/2024		
02	To include the non-conforming uses against the requirements of the MSPO Logo	08/01/2025		
03	Change company name to UGG Certification Sdn Bhd	01/04/2025		

1 PURPOSE

1.1 The purpose of this procedure is to outline the Corrective and Preventive Action to be taken to ensure compliance to QMS requirements.

2 SCOPE

2.1 This document covers the corrective action process and the responsibility of the related department to investigate and take appropriate actions to minimize recurrence of the problem related to the ISO 17021-1:2015.

3 RESPONSIBILITY

3.1 General Manager

3.2 Operations Manager

3.3 All Staff

4 REFERENCE

4.1 ISO 17021-1:2015- Conformity assessment- Requirements for bodies providing audit and certification of management systems

4.2 ISO17065:2012 - Conformity assessment- Requirements for bodies certifying products, processes and services

4.3 MSPO Certification Scheme Document- Date: 5 January 2023

5 PROCEDURE

5.1 General

5.1.1 Non Conformance (NC) can be raised by anyone noting a deviation from the management system. They are most commonly raised through internal audit and report review process

5.1.2 Non Conformance (NC) issue by the auditor will recorded in the ***Non Conformance Report (UGG-FM(MSPO)-14)*** and raised, logged, numbered and passed to the appropriate manager for resolution. If NC is raised against a process then the process owner will be assigned to resolve the issue. All NCs will be given one-month lead time for resolution and if the corrective action is deemed inappropriate, the matter will be escalated to the Operation Manager

5.1.3 CAPA Form shall be utilised for the following situations

a) UGG-FM(MSPO)-14 Non Conformance Report

b) UGG-FM(MSPO)-16 Complaint Form

5.1.4 These forms shall be filled up by the initiator (originator) and issued to the receiver.

5.1.5 UGG GM/OM, where necessary, shall take actions to eliminate the causes of nonconformities in order to prevent recurrence.

5.1.6 The CAPA Form mentioned above shall include requirements for:

a) identifying nonconformities (from customers/stakeholders/suppliers/internal staff);

b) determining the causes of nonconformity;

c) correcting nonconformities;

d) evaluating the need for actions to ensure that nonconformities do not recur;

e) determining and implementing in a timely manner, the actions needed;

f) recording the results of actions taken;

g) reviewing the effectiveness of corrective actions.

5.1.7 The MSPO CAPA Log shall be updated by OM.

5.2 MSPO Non-Conformance (Customer)

5.2.1 If any non-conformance is received from customer, the OM shall record down relevant information into the CCAR Form.

5.2.2 Any documented supporting documents from customer shall be attached to the CCAR form.

5.2.3 The assigned person shall then investigate and analyze the problem from affected process, work operations, records, and customer complaints to detect and eliminate the potential causes of problems.

5.2.4 The assigned person shall then plan and implement the action to be taken and to co-ordinate the potential causes of problem.

5.2.5 The causes of problem, action taken, and the implementation date shall be recorded in the CCAR, verified, and confirmed by the OM.

5.2.6 Customer complaint records shall maintain by the OM to be filed for a minimum retention period as specified in the Master List of Records.

5.3 Non-Conformance (Stakeholder)

5.3.1 If any complaints/grievances related to UGG are received from stakeholders, the OM shall record down relevant information into the ***Complaint Form (UGG-FM(MSPO)-16).***

5.3.2 Any documented supporting documents from stakeholder shall be attached to the ***Complaint Form (UGG-FM(MSPO)-16).***

5.3.3 The assigned person shall then investigate and analyze the problem from affected process, work operations, records, and complaints to detect and eliminate the causes of problems.

5.3.4 The assigned person shall then plan and implement the action to be taken and to co-ordinate the causes of problem.

5.3.5 The causes of problem, action taken, and the implementation date shall be recorded in the complaint form, verified, and confirmed by the OM.

5.3.6 Stakeholder complaint records shall maintain by the OM to be filed for a minimum retention period as specified in the Master List of Records.

5.4 Non-Conformance (Internal Staff)

5.4.1 During the UGG operations, if a problem is deemed to be a significant issue related to QMS by the OM, a QMS Corrective Action Request shall be issued to respective department/personnel.

5.4.2 The OM shall record relevant information into the ***Non Conformance Form (UGG-FM(MSPO)-14)*** Any supporting documents where necessary shall be attached to the form.

5.4.3 The corrective actions shall be recorded into the ***Non Conformance Form (UGG-FM(MSPO)-14)*** and submitted to the OM for review.

5.4.4 The GM shall be responsible to sign off the ***Non Conformance Form (UGG-FM(MSP)-14)*** if corrective action is deemed effective.

5.4.5 Form records shall maintain by the OM to be filed for a minimum retention period as specified in the Master List of Records.

5.5 MSPO Non-Conformance (Supplier)

5.5.1 If any nonconformance are found to be from supplier, the OM shall record down relevant information into the ***Non Conformance Form (UGG-FM(MSPO)-14***)

5.5.2 The corrective actions shall be recorded into the ***Non Conformance Form (UGG-FM(MSPO)-14)*** and submitted to the OM for review.

5.5.3 The OM shall be responsible to sign off the ***Non Conformance Form (UGG-FM(MSPO)-14)*** if corrective action is deemed viable.

5.5.4 ***Non Conformance Form (UGG-FM(MSPO)-14)*** records shall maintain by the OM to be filed for a minimum retention period as specified in the Master List of Records.

5.6 Non-Conformance to client (auditee)

5.6.1 Non-conformance issuance to the auditee is a critical process. Non-conformance is any evidence found during an audit that a process has not been performed as planned or in accordance with the requirements from the standard.

5.6.2 During an audit, compare the planned arrangements of the process against what is actually happening and verify that the practices being used conform to what is planned.

5.6.3 If non-compliance is found, a non-conformity statement needs to be made in the audit report. This statement should include the requirement, what was wrong, and audit evidence and will used the ***Non Conformance Form (UGG-FM(MSPO)-14).***

5.6.4 The auditee should complete a CAP correctly and in sufficient detail to give confidence to the audit team that the non-conformances have been suitably addressed in terms of root cause analysis, long term corrective actions and that the non-conformance will not reoccur.

5.7 ADDRESSING AUDIT FINDINGS

5.7.1 The audit evidence to determine the conformity with the certification standards shall include relevant information from external parties (e.g. government agencies, community groups, environmental and social non-governmental organisations, etc.) as appropriate.

5.7.2 For MSPO Certification Scheme, three (3) categories of audit findings will be used. The audit finding categories and requirements are as follows:

a) Major Non-conformity (NC)

i. Non-fulfilment of requirement that affects the capability of the management system to achieve the intended results.

ii. Non-conformity raised against traceability indicators shall be graded as Major.

iii. For initial audit, all Major NC shall be addressed with correction & corrective action not exceeding 180 calendar days from the NC issuance date. Re-application for certification is required if it exceeds the stipulated time frame.

iv. For surveillance and re-certification audits, all Major NC shall be addressed with correction & corrective action not exceeding a time frame of 90 calendar days from the NC issuance date and verified by ACB within 14 calendar days. The ACB shall suspend the management units' certificate if the Major NC is not addressed within the 90 calendar days' time frame. Subsequently, the certificate shall be withdrawn if it exceeds 180 calendar days from the date of Major NC issued.

v. Upon withdrawal, re-application for certification is required.

vi. For repetitive Major NC during subsequent audit on the specific objective evidence raised in the previous audit, it shall lead to the immediate suspension of the certificate by the UGG.

vii. Major Non-conformity if found unapproved and/or non-conforming uses against the requirements of the MSPO Logo and its Trademark by the Certificate Holders and report unapproved and/or non-conforming uses against the requirements of the MSPO Logo and its Trademark to the scheme owner within 7 working days. The scheme owner will evaluate the unapproved and/or non-conforming uses of the MSPO Logo to determine whether further action, including legal action, is required.

b) Minor Non-conformity (NC)

i) Non-fulfilment of requirement that does not affect the capability of the management system to achieve the intended results.

ii) Corrective action plan shall be submitted to, reviewed, and accepted by the UGG within 45 calendar days and the implementation verified in the subsequent surveillance or recertification audit. Failing which, the Minor NC shall be upgraded to Major NC by the UGG during the subsequent surveillance or recertification audit.

c) Opportunity For Improvement (OFI)

i. Areas for potential improvement of the management system.

NOTE:

1. UGG shall present in writing all audit findings to the management unit during the closing meeting and shall be acknowledged by the management representative.

2. No additional findings shall be issued by the UGG after the closing meeting

<u>Reference Record</u>

1) UGG-FM(MSPO)-14 Non Conformance Report

2) UGG-FM(MSPO)-16 Complaint Form