

## DPC: Corrective Action

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### Corrective actions

Laboratories may experience technical or administrative nonconformities. These occurrences can be adverse to the quality of the work product and/or the integrity of evidence.

#### 7.10.3

When there is doubt about the laboratory's continued compliance of policies and procedures or that non-conforming work will continue, a corrective action shall be initiated.

The purpose of the corrective action is to identify the root cause of a problem and implement the best solution to prevent reoccurrence. The ultimate goal of this process is to preserve and improve the level of service to the customer.

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### Nonconformity

Appropriate laboratory management must be notified immediately of the problem in order to start the corrective action process and, if necessary notify the customer and recall the work. The corrective action process begins by first reviewing and analyzing the nonconformity. A cause analysis is performed to determine the cause of the nonconformity. Once the cause is determined, the problem can be corrected and a solution established in order to prevent a reoccurrence. Nonconformities generally:

#### 7.10.1.d

#### 7.10.1.e

#### 8.7.1.c

#### 8.7.1.d

#### 8.7.1.f

#### 8.7.2

- Require an investigation to determine their cause.
  - Require a corrective action with documentation.
  - Have compromised the quality of work product and/or the integrity of evidence.
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### Corrective actions for non-conformities

Any employee who identifies a nonconformity shall inform their immediate supervisor as soon as possible. If the nature of the nonconformity is severe enough, it will be necessary to verbally notify the Laboratory Director and Quality Manager as soon as possible.

#### 7.10.1.a

#### 7.10.1.b

#### 7.10.1.f

#### 8.7.1.a

If the nonconformity is related to casework or a procedure, the supervisors, the Laboratory Director, and the DNA Technical Lead have the authority to halt (or resume) work, stop the release of reports, issue amended reports, notify customers, request the return of evidence, and implement any necessary short-term response.

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**Corrective  
actions for  
non-  
conformities**  
(continued)

**7.10.1.c**

See *DPC: Problems with Procedures* and/or *DPC: Problems with Casework* for additional information.

Corrective actions will typically include a supervisor, the Quality Manager, the Laboratory Director, and the DNA Technical Lead (if appropriate) in addition to other personnel involved when investigating the cause.

**8.7.1.b**

Cause Analysis of a nonconformity: Cause may identify multiple contributing factors for the nonconformity, but there is typically only one underlying cause. In order to define the problem the following will need to be considered:

- What happened, what equipment, what method?
- When did it occur-date and time?
- Where did it occur and during what process or procedure?
- How much, how often? – How many times did the incident occur? How many cases affected?
- Impact to the laboratory's goals, customer, work product, and performance measures.
- Who was involved?

Disclosure of a nonconformance to ANAB: The Laboratory Director or designee shall notify ANAB within 30 calendar days of determining that a non-conformance has occurred. The summary report will include a summary of the occurrence(s) and a statement of actions taken or that plan to be taken by the laboratory. The report will also include:

- Cause Analysis of the problem
  - Who may be impacted by the occurrence
  - Information regarding notification of those who are potentially impacted
- Appropriate action to correct or eliminate the cause of the occurrence

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### Examples of corrective action situations

#### Analyst errors or system errors (proficiency/casework/competency) –

- Initiated by the Quality Manager - First Signature
- Assigned to the supervisor or the DNA Technical Lead (if appropriate) - Second Signature
- Final Signature by the Laboratory Director

#### Procedural Errors –

- Initiated by an analyst, the supervisor, or the Quality Manager – First Signature
- Assigned to the supervisor or the DNA Technical Lead (if appropriate) – Second Signature
- Final Signature by the Laboratory Director

#### Audit –

- Initiated by the auditor or Quality Manager – First Signature
  - Assigned to the unit supervisor or the DNA Technical Lead (if appropriate) – Second Signature
  - Final signature by the Laboratory Director
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### Filling out the corrective action request form

#### 8.7.1.g

The initiator of the *Corrective Action Request* form (CAR) fills out the *Finding* section of the form.

The initiator and assigned individual investigate the cause analysis. The assigned individual fills out the “Cause Analysis” and “Action Plan” in the *Action Plan* section. The “Action Plan Approved By” and “Action Due By” are filled out by the Quality Manager or DNA Technical Lead (if appropriate).

NOTE: All *Corrective Action Request* forms must be completed within 90 calendar days of the initiation date. The Laboratory Director may extend the due date as necessary and will notify all appropriate parties.

After the corrective action is implemented, the initiator fills out the *Corrective Action* section.

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**Filling out the  
corrective  
action request  
form**

(continued)

After the nonconformance has been addressed and measures are put in place to prevent reoccurrence, the initiator will sign followed by the assigned individual.

The Laboratory Director signs the *Corrective Action Request* after all of the steps have been satisfied, the action plan is approved, and the corrective action is complete.

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**Implementing a  
course of  
corrective  
action**

*8.7.1.c*

*8.7.1.f*

*8.7.2*

A course of corrective action may involve retraining with emphasis on the correct or improved method to be used by the analyst.

The retraining process may include input from the supervisor, the trainer, the DNA Technical Lead (if appropriate), and the Laboratory Director.

The course of retraining must be broad enough in scope to

- Encompass the problem at hand
- Direct the analyst to acceptable levels of quality casework

A competency test must be successfully completed by the analyst at the completion of retraining (see *AQR: Competency Testing Program* in the *Quality Manual*).

*8.7.1.c*

*8.7.1.d*

Following a corrective action and for a period of time determined by the supervisor, the supervisor will closely monitor the casework of the analyst. This may entail

- Observation by the supervisor or a peer analyst
  - Re-examination of work by a peer analyst
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## DPC: Corrective Action, Continued

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### Dispute resolution

There may be times when the analyst and peer group do not agree as to the form or extent of the change in procedure required. If this occurs, the supervisor should attempt to facilitate a resolution.

There may be times when those involved in the problem review process do not agree as to the form or extent of the corrective action required.

Disputes that cannot be settled are brought by the supervisor to the Laboratory Director for resolution.

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### Special audits

8.7.1.c

8.7.1.d

A special discipline audit may be warranted when the findings of non-conformity or departures from procedures indicates a significant problem within the discipline. The laboratory shall ensure that the scope of the audit is within the appropriate areas of activity.

Special audits shall be conducted as described in *Quality Audits*, located in the *Quality Manual*.

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