Module E: FOLLOW-UP OF NON-CONFORMITIES

(TYPE A AND B)

|  |  |  |
| --- | --- | --- |
| ****Function**** | ****Name assessor/expert**** | Date(s) + location(s) of the assessment office/witness; am/pm |
| LA/TA/EX |  |  |

# identified Non-conformities

## For the already accredited activities

|  |  |  |  |
| --- | --- | --- | --- |
| Activities see assessment plan | # A NC’s | # B NC’s | Details of open NC’s[[1]](#footnote-1) |
|  |  |  |  |

## For extension of the accreditation scope / initial accreditation

|  |  |  |  |
| --- | --- | --- | --- |
| Activities see assessment plan | # A NC’s | # B NC’s | Details of open NC’s1 |
|  |  |  |  |

## Is a complementary assessment necessary to check the actual implementation of the corrective actions, prior to a decision?[[2]](#footnote-2)

|  |  |
| --- | --- |
| [ ]  | No |
| [ ]  | Yes  | Motivation[[3]](#footnote-3):  |

# Transfer of this module to the evaluated body

|  |  |
| --- | --- |
| Date of transfer | Select a date |
| Method of transfer  | [ ]  | Mail[[4]](#footnote-4)  |
| [ ]  | Paper version |
| Transfer confirmed by  | [ ]  | Confirmation of receipt by mail[[5]](#footnote-5) on the following date: Select a date |
| [ ]  | Name + signature of the evaluated body |

# TYPE A NON CONFORMITIES

(to be filled in by the assessor/expert)

|  |  |
| --- | --- |
| Identification code of the non-conformity : | XX-Ay (XX = initials assessor, y = reference number of the non-conformity in this partial report) |
| Standard and Standard clause(s)  | EN ISO xxxxx - §x.xBELAC x.xx - §x.x |
| Concerns an application for extension of the accreditation?  | Yes/no please delete as appropriate |

## **Description of the non-conformity** (to be filled in by the assessor/expert)

|  |
| --- |
|  |

## **Actions** (to be filled in by the evaluated body)

|  |
| --- |
| Root cause analysis |
|  |
| ***Impact analysis*** |
|  |
| ***Analysis of the extent*** |
|  |
| Correction(s) and corrective action(s) taken |
| Description of the correction(s) taken: |
| Description of the corrective action(s) taken: |
| Implementation date:Select a date |
| List of the supplied documents that were drawn up, completed or updated in response to the correction and corrective action mentioned above:  |

## Evaluation by the assessor/expert (to be filled in by the assessor/expert)

|  |
| --- |
| Date of reception of the actions: Select a date |
| [ ]  | The non-conformity is closed. |
| [ ]  | The non-conformity is no longer critical but the implementation of the corrective action needs to be finalized according to the proposed schedule. |
| [ ]  | The non-conformity is maintained. |
| Motivation: |

***The assessor/expert can request additional information once only if the non-conformity is still maintained with the information already received. The additional information and assessment thereof are presented below.***

## **Actions** (to be filled in by the evaluated body)

|  |
| --- |
| Root cause analysis |
|  |
| ***Impact analysis*** |
|  |
| ***Analysis of the extent*** |
|  |
| Correction(s) and corrective action(s) taken |
| Description of the correction(s) taken: |
| Description of the corrective action(s) taken: |
| Implementation date:Select a date |
| List of the supplied documents that were drawn up, completed or updated in response to the correction and corrective action mentioned above:  |

## Evaluation by the assessor/expert (to be filled in by the assessor/expert)

|  |
| --- |
| Date of reception of the actions: Select a date |
| [ ]  | The non-conformity is closed. |
| [ ]  | The non-conformity is no longer critical but the implementation of the corrective action needs to be finalized according to the proposed schedule. |
| [ ]  | The non-conformity is maintained. |
| Motivation: |

## Evaluation of the effectiveness of the implemented corrective action (to be filled in by the evaluated body as part of the preparation for the next assessment)

|  |
| --- |
|  |

# TYPE B NON CONFORMITIES

(to be filled in by the assessor/expert)

|  |  |
| --- | --- |
| Identification code of the non-conformity : | XX-Ay (XX = initials assessor, y = reference number of the non-conformity in this partial report) |
| Standard and Standard clause(s)  | EN ISO xxxxx - §x.xBELAC x.xx - §x.x |
| Concerns an application for extension of the accreditation?  | Yes/no please delete as appropriate |

## **Description of the non-conformity** (to be filled in by the assessor/expert)

|  |
| --- |
|  |

## **Actions** (to be filled in by the evaluated body)

|  |
| --- |
| Root cause analysis |
|  |
| ***Impact analysis*** |
|  |
| ***Analysis of the extent*** |
|  |
| Planned correction(s) and corrective action(s) |
| Description of the planned correction(s): |
| Description of the planned corrective action(s): |
| Planned implementation date:Select a date |
| Person responsible for the implementation:  |

## Evaluation by the assessor/expert (to be filled in by the assessor/expert)

|  |
| --- |
| Date of reception of the actions: Select a date |
| [ ]  | The non-conformity is closed. |
| [ ]  | The action plan, which will resolve the non-conformity in time, was accepted. |
| [ ]  | The non-conformity is maintained. |
| Motivation: |

***The assessor/expert can request additional information once only if the non-conformity is still maintained with the information already received. The additional information and assessment thereof are presented below.***

## **Actions** (to be filled in by the evaluated body)

|  |
| --- |
| Root cause analysis |
|  |
| ***Impact analysis*** |
|  |
| ***Analysis of the extent*** |
|  |
| Planned correction(s) and corrective action(s) |
| Description of the planned correction(s): |
| Description of the planned corrective action(s): |
| Planned implementation date:Select a date |
| Person responsible for the implementation:  |

## Evaluation by the assessor/expert (to be filled in by the assessor/expert)

|  |
| --- |
| Date of reception of the actions: Select a date |
| [ ]  | The non-conformity is closed. |
| [ ]  | The action plan, which will resolve the non-conformity in time, was accepted. |
| [ ]  | The non-conformity is maintained. |
| Motivation: |

## Corrective action actually taken (to be filled in by the evaluated body as part of the preparation for the next assessment)

|  |
| --- |
| Description of the corrective action actually taken: |
| Date of implementation: |
| List of documents that were drawn up, completed or updated in response to the corrective action mentioned above (these documents only have to be provided if explicitly asked by the assessor or the BELAC-secretariat): |

## Evaluation of the effectiveness of the implemented corrective action (to be filled in by the evaluated body as part of the preparation for the next assessment)

|  |
| --- |
|  |

1. This information will be completed after the evaluation of module E if NCs are maintained. [↑](#footnote-ref-1)
2. This information can be completed after the assessment or after the evaluation of module E. [↑](#footnote-ref-2)
3. The Bureau/Secretariat assesses whether an additional assessment is necessary on basis of this motivation. [↑](#footnote-ref-3)
4. Recipients: the accredited body, the entire assessment team and belacdossiers@economie.fgov.be. [↑](#footnote-ref-4)
5. Recipients: involved auditor and belacdossiers@economie.fgov.be. [↑](#footnote-ref-5)