



KENYA PLANT HEALTH INSPECTORATE SERVICE

STANDARD OPERATING PROCEDURE

Department: Planning & Strategy

Revision No:07

Issue No:01

SOP FOR CORRECTIVE ACTION

SOP/KEPHIS/QMS/05

Issued by: 

DQMR

Date...21/11/2024.....

Approved by: 

QMR

Date...21/11/2024.....



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1.0 Purpose

The purpose of this SOP is to describe how to respond to non-conformities and evaluate the need for action to eliminate cause(s) in order they do not recur and occur elsewhere.

2.0 Scope

The scope will start from determination of the root cause(s) to evaluation of effectiveness of corrective actions.

3.0 References

- 3.1 ISO 9001:2015 standard
- 3.2 ISO/IEC 27001:2022 standard
- 3.3 Standard Operating procedures (SOPs)
- 3.4 Work Instructions (WI)
- 3.5 Relevant statutory and regulatory requirements
- 3.5 Audit reports

4.0 Abbreviation/Definition

- 4.1 CA – Corrective Action
- 4.2 CAP – Corrective Action Plan
- 4.3 CAR – Corrective Action Request
- 4.4 DQMR – Deputy Quality Management Representative
- 4.5 ICT – Information Communication and Technology
- 4.6 ISMS – Information Security Management System
- 4.7 QMR – Quality Management Representative
- 4.8 QMS -Quality Management System



4.9 SOP - Standard Operating Procedure

4.10 WI – Work Instruction

5.0 Responsibilities

All directors and deputy directors shall be responsible for the implementation of this procedure.

6.0 Schematic Representation

Corrective Action							
Sources of Inputs	Inputs	Activities	Outputs	Receivers of Outputs	Risks	Checks/Controls	Resources
- Audit Reports - Incident Reports - Interested Parties - Feedback Reports	- CAR Forms - Non-Conformity Reports	- Correction - Root cause analysis - Extent analysis - Corrective actions - Evaluation for effectiveness of corrective actions	- Corrective action plan - Assessment/ follow-up reports - Updated risk/opportunity register	- Directorates - Departments - Management - Staff - Interested parties.	- Inadequate root cause analysis - Ineffective corrective action - Lack of implementation of Corrective actions	- Training on root cause analysis - Follow-up and monitoring of CAPs	- Personnel - Finances - Stationery - ICT Infrastructure - General infrastructure

7.0 Procedure

7.1. Corrective actions for non-conformities identified from process lapse

- 7.1.1 The officer receives the duly filled non-conforming output form from the process owner.
- 7.1.2 The responsible officer identifies and controls the non-conforming output to prevent any unintended use.
- 7.1.3 The responsible officer reviews and analyses the non-conformity.



- 7.1.4 The responsible officer undertakes a root cause analysis to determine the cause of the non-conformity and if a similar non-conformity exists or could potentially occur.
- 7.1.5 The responsible officer identifies, analyses and selects a suitable corrective action(s) to be undertaken to eliminate the cause(s) of the nonconformity.
- 7.1.6 The responsible officer implements the corrective action(s).
- 7.1.7 The responsible officer reviews the effectiveness of the corrective action taken.
- 7.1.8 The responsible officer reports to the risk champion and advises for update of the risks and opportunities determined during planning, if necessary.
- 7.1.9 The process owner makes changes to the quality management system, if necessary.

7.2 Corrective actions for non-conformities resulting from audit findings

- 7.2.1 The auditee reviews and analyses the non-conformity.
- 7.2.2 The auditee undertakes a root cause analysis to determine the cause of the non-conformity and if a similar non-conformity exists or could potentially occur.
- 7.2.3 The auditee identifies, analyses and selects a suitable corrective action(s) to be undertaken to eliminate the cause(s) of the nonconformity.
- 7.2.4 The auditee develops a corrective action plan (CAP) and sends to the lead auditor for agreement within two weeks after the audit.
- 7.2.5 Upon agreement, the auditee implements the corrective action(s).
- 7.2.6 The QMR/ISMS Coordinator reviews the effectiveness of the corrective action taken and closes out the CAR form.



- 7.2.7 The auditee reports to the risk champion and advises for update of the risks and opportunities determined during planning, if necessary.
- 7.2.8 The process owner makes changes to the quality management system, if necessary.

8.0 Records

- 8.1 Duly filled Corrective Action Request (CAR) Forms
- 8.2 Duly filled control of non-conforming forms
- 8.3 Corrective action plan (CAP)
- 8.4 Assessment or follow-up reports
- 8.5 Updated risk/opportunity registers
- 8.6 Audit report

9.0 Appendices

- 9.1 Corrective Action Plan



Appendix 9.1: Corrective Action Plan (Cap) Form

KEPHIS/QMS/ FORM/CA/01

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STATION/DEPARTMENT..... AUDIT DATES.....

NON-CONFORMITY	EVIDENCE	ROOT CAUSE ANALYSIS	EXTENT ANALYSIS	CORRECTION	CORRECTIVE ACTION	COMPLETION DATE

Prepared by: _____ Sign _____ Date _____

Approved by: _____ Sign _____ Date _____



8.0 Review Details

REVISION SUMMARY	REASON	DATE	REVISED BY	ISSUE NUMBER	REVISION NUMBER
1. Change Approver of Document 2. Change title HQMS to QMR	Appointment of new QMR The position no longer exists	12/09/2013	QMR	5	3
3. Grammatical Refinement	To ensure procedure is in tandem with practice	03/09/2014	QMR	0	4
4. Review of entire SOP	To meet requirements of ISO 9001:2015	20/02/2018	QMR	1	5
5. Review of entire SOP	For continual Improvement	01/09/2021	QMR	1	6
6. Review of entire SOP	For continual Improvement	14/11/2024	QMR	1	7