Sustainable Fibre Alliance
The Sustainable Cashmere Standard
Certification Scheme
Preventive Action Procedure

Document No: SCS-047-01.0-EN

Approvals

The signatures below certify that this Scheme Certification Manual has been reviewed, approved and demonstrates that the signatories are aware of all the requirements contained herein and are committed to upholding them.

	Name	Signature	Position	Date
Prepared by	Charles Hubbard		Operations Manager (Temp.)	02/08/2021
Reviewed by	Lesley Colvin		Standards and Compliance Manager	03/08/2021
Approved by	Una Jones		Chief Executive	05/08/2021

Amendment Record

This procedure reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Page No.	Context	Revision	Date

Contents

Preventive Action Procedure

1. Introduction & Purpose

The purpose of this procedure is to establish the process for identifying, documenting, analyzing and implementing preventive actions in order to eliminate potential non-conformances. The Sustainable Fibre Alliance Sustainable Cashmere Standard Certification Scheme management system is geared toward the proactive elimination of potential defects. Potential non-conformances in product, service or the management system are investigated and action implemented to prevent their occurrence.

2. References

Reference	Title & Description
SCS-043-01.0-EN	The Sustainable Cashmere Standard Certification Scheme Manual
	Preventive Action Request
	Preventive Action Request Log

3. Terms & Definitions

Term	Definition
Non-conformity	Non-fulfilment of a requirement
Preventive Action	Action taken to eliminate a potential non-conformity
Corrective Action	Action taken to eliminate the cause of a non-conformity

4. Application & Scope

This procedure is applicable to the initiation, assignment and recording of preventive actions, including follow-ups, to ensure actions taken are effective. Any preventive action taken to eliminate the causes of potential a non-conformance is appropriate to the magnitude of the problem whilst also being in proportion to the risks presented by the threat of non-conformance. This procedure works in conjunction with:

- Internal Audit Procedure SCS-038-01.0-EN
- Non-conformance Procedure SCS-039-01.0-EN
- Corrective Action Procedure SCS-040-01.0-EN

5. Requirements

SFA Personnel are required to:

- Highlight potential non-conformances to their Line Manager/Supervisor
- Follow this procedure upon detection of a potential non-conformance

The **Standards and Compliance Manager** is required to:

- Maintain a system for reporting and record keeping
- Prepare and review preventive action requests

Top Management is required to:

- Implement necessary actions to achieve resolution

- Review the effectiveness of preventive actions taken

6. Process

6.1 Review Potential Non-conformances

- Potential non-conformances, system weaknesses or threats may be identified employees, customer comments or by quality management system audit reports. By whichever means a potential non-conformance is identified, the underlying cause(s) of the threat are investigated.

6.2 Evaluate Need for Action

- Top management will decide the appropriate level of action to be implemented based on a cost benefit analysis and if preventive action is necessary then the preventive action request form, is developed and forwarded to the Quality Management Representative who will make an entry in preventive action log
- The need for a preventive action is identified based on information regarding the capability and performance of processes and work operations, product non-conformity rates, service and user feedback, customer complaints and the effectiveness of the management system.

6.4 Implement Action

- Preventive actions are implemented where there is an increased risk for potential non-conformances. Preventive actions are also initiated when performance data indicates a trend of decreasing quality capability or the effectiveness of the management system itself.
- Preventive actions such as, implementing, modifying or enforcing procedures or controls are taken to avoid any potential non-conformance where necessary.

6.5 Verify Effectiveness

- The preventive action request originator verifies the effectiveness of the preventive action taken. Where the originator is also responsible for the implementation of the preventive action, the Standards and Compliance Manager will provide the verification for the preventive action and request closure.
- The Standards and Compliance Manager will close out the preventive action when satisfactory resolution has been achieved and when objective evidence of close out has been obtained through inquiry or audit. The preventive action log will be updated.
- If preventive actions are determined to be not effective, the original preventive action request will be closed and a new preventive action request will be issued in order to reinitiate the process.

6.6 Management Review

- A review of preventive actions is undertaken by Top Management to verify the performance and effectiveness of preventive actions taken. The Standards and Compliance Manager and Top Management determine if action taken could potentially improve other areas of the organization.

6.7 Documentation & Records

- Any changes to the quality management system or its procedures, as a result of preventive actions, are recorded. All documentation and records generated by the preventive action process are managed in accordance with Clauses 7.2.2 & 7.2.3.

6.8 Preventive Action Process Map