CORRECTIONAL MEAUSURES PROCEDURE IN AZERBAIJAN TOURISM AND MANAGEMENT UNIVERSITY

1. Purpose, application area and users

The purpose of this procedure is to describe all activities related to the initiative, execution and storage of amendments, correctional measures notes.

This procedure applies to all activities performed in the Quality Management System.

2. Reference documents

- ISO 9001:2015, Nonconformities and Corrective Actions
- Internal audit procedure

3. Amendments and Remedical Actions

a. Inconsistencies and corrections

Non-conformity is the failure of the activity to meet the requirements of any standards, internal documentation, legislation, contract and other obligations. Non-conformances can be identified during internal and external audits, based on the results of a management review, general activity or any event.

An employee who discovers a non-conformity must take immediate action to monitor it, correct it and deal with its consequences. If the employee is not responsible for such a non-conformity, then he must pass on the information about the non-conformity to the responsible person who will correct it.

b. Types of nonconformities

Inconsistencies can be defined in 4 types:

1. 1. NCR (major) (Serious Nonconformity) – Failure to fully meet the requirements of the standard, legislative, contractual and other obligations
2. 2. NCR (minor) (Weak Nonconformity) – The requirements of the standard, legislative, contractual and other obligations are present, but the level of control

over them is unclear, for example, lack of record collection, lack of process control, etc.

3. 3. Observation – Requirements are met, but there are factors that will cause non-compliance in the future
4. 4. Opportunity for improvement – Development opportunities that can be offered to effectively maintain the system

c. Correcective Meauseres

The responsible person must assess the need to eliminate the cause of the non-conformity and prevent its recurrence.

Corrective action can be initiated by any employee or customer, supplier, employee of the organization. Corrective action may require changes in any document or process.

d. Implementation of corrective measures

Corrective measures is implemented in the following way:

Step	***Person responsible for implementation***
1. Reviewing Incompatibility	Anyone with a role in quality management
2. Identifying the cause of incompatibility	Responsible person in the field of incompatibility
3. Identifying if similar incompatibilities already exist	Responsible person in the field of incompatibility
4. Evaluation of the need to eliminate incompatibility	Responsible person in the field of incompatibility
5. Identifying measures to address the cause of incompatibility and ensuring that incompatibilities do not happen again	Responsible person in the field of incompatibility
6. Implementation of planned measures	Responsible for the execution appointed by the person in charge
7. Overview of the results of the implemented meauseres	Responsible person in the field of incompatibility
8. Providing information to all individuals about the corrective measures taken	Responsible for the execution appointed by the person in charge

9. Changes in Quality Management if necessary	The person responsible for linking the quality management system

4. Monitoring the results of products or services detected to be incompatible

Incompatibility that does not meet the requirements must be identified and managed so that their unexpected use can be prevented.

The faculty should use one or more of the following ways to deal with incompatible outcomes:

1. Correction (correction)
2. Return or stop in the equipment of separation, storage, products and services
3. Customer information
4. Getting authority to accept under compromised circumstances

The result of insulation is registered in the Internal Audit Report Form and the Scientific Council protocols (such as other incompatibilities).

The status, date, name of the person in charge, the verification of the event, or other related activities should be communicated to the customer.

5. Notes stored on this document

- Internal audit report form – ATMU-KTA-F(DAH)-01
- Scientific council protocols

6. Reliability and document management

This document is valid from the date it was signed.
The owner of this document is a Quality Supervisor. It must check the document and update it at least once a year if necessary.