สำนักงานการบินพลเรือนแห่งประเทศไทย
The Civil Aviation Authority of Thailand

Non-Compliance Management Procedure

CAAT-QAD–NCP

Issue: 04

Revision: 00

Date: 02 February 2021

Approval by

Sarun Benjanirat

Deputy Director General

Acting Director General of the Civil Aviation Authority of Thailand

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0. ADMINISTRATION

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0.3 Records of Revision

This version of the Non-Compliance Management Procedure is issue no. 04 revision no. 00.

The valid pages are listed in the List of Effective Pages distributed with every revision.

Issue	Revision	Effective Date	Revised By
01	-	14-Feb-2018	Nuttanunt R.
02	00	05-Apr-2019	Nuttanunt R.
03	00	20-Oct-2020	Navara P.
04	00	02-Feb-2021	Lucksanawadee T

0.4 Revision Highlights

Area of Changed	Amendment Summary
Entire Manual	Correct Wording and Grammar
Chapter 0.8 Definitions and Acronyms	Add NOTE 3: Certification and surveillance audits Amend definition of Subject Matter Expert Add definition of Corrective Action Plan
Chapter 1. Objective and Applicability	Add content in objective and applicability
Chapter 4.3 Non-Compliance Categorization	Add content in Non-Compliance Categorization
Chapter 4.3.1 Non-Compliance Categorization for Internal Quality Audit	Add and revise content in Non-Compliance Categorization for Internal Quality Audit
Chapter 4.3.2 Non-Compliance Categorization for External Safety Audit	Add and revise content in Non-Compliance Categorization for External Safety Audit
Chapter 4.3.3 Reaction to a Safety Concern	Add and revise content in Reaction to a Safety Concern

0.5 Distribution List

Type of Document	Distributed To
Original	QAD Manager
Electronic Document	Auditor/Inspector AGA, AIR, ANS, OPS, PEL, QAD

0.6 Administration

0.6.1 Control of Procedure

Document and Records Management System (DRMS) is developed to ensure that all controlled documents are traced from the start and distributed to the users. The respective Department Manager shall ensure that the procedures they submitted contain legible and accurate information. QAD shall ensure that this procedure submitted by departments are presented in a format the meets corporate standards and are available in DRMS.

0.6.2 Amendment

A document can be amended through a new issue (All pages reissued) or through the revision (Only several pages are amended and reissued) of a document

Whenever there is a significant change, a new issue of the document is required.

Minor changes can be made through a revision with effective pages being updated.

A vertical black line is required on the side of the page identifying the changes introduced by this revision.

Significant changes are extensive amendments.

Minor changes are affected some contents in the procedure, the revision can be made to the corresponding page.

Manual custodian shall record the details of revision (new issue or revision) and indicate his name with initial last name in the Records of Revision.

0.6.3 Users' Feedback

Any discrepancy found on a specific procedure or manual or potential improvement should be reported to QAD.

0.7 List of Associated Documents

This procedure is referring to other documents as follows:

Document Reference No.	Name of Document	Applicable to
CAAT-QAD-CORPM	Corporate Manual	All staff
CAAT-QAD-QM	Quality Manual	All staff
CAAT-QAD-AUP	Audit procedure	Inspectors / Auditors

0.8 Definitions and Acronyms

0.8.1 Definitions

The sources of the following definitions are extracted from ISO 9000:2015 and ISO 19600:2015 Standards, otherwise stated.

NOTE: *The definitions mentioned below are applicable to this procedure. However, and possibly due to the specificity of referenced documents or regulations applicable to some organization, definition might be slightly different to the current one. In such case, the definition of these specific documents or regulations has to be considered applicable.*

Term	*Definition*
Audit	Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled. ***NOTE 1:*** *Internal audits sometimes called first-party audits are conducted by, or on behalf of, the organization itself for management review and other internal purposes and may from the basis for an organization's declaration of conformity. In many cases, particularly in smaller organization, independence can be demonstrated by the freedom from responsibility for the activity being audited.* ***NOTE 2:*** *External audits include those generally termed second-and third-party audits. Second-party audits are conducted by parties having an interest in the organization, such as customers, or by other persons on their behalf. Third-party audits are conducted by external, independent auditing organizations, such as those providing certification/registration of conformity to ISO9001. (Source ISO9001:2015)* ***NOTE 3:*** *Certification and surveillance audits are third-party audits.*
Audit criteria	Set of policies, procedures or requirements used as a reference against which objective evidence is compared.
Audit evidence	Records, statements of fact or other information which are relevant to the audit criteria and verifiable.
Audit findings	Results of the evaluation of the collected audit evidence against audit criteria.

Term	*Definition*
	NOTE 1: Audit findings indicate compliance or non-compliance. ***NOTE2:*** If the audit criteria are selected from statutory requirements or regulatory requirements, the audit finding can be called compliance or non-compliance. ***NOTE3:*** Audit findings can lead to the identification of opportunities for improvement or recording good practices.
Audit plan	Description of the activities and arrangements for an audit.
Audit programme	Set of one or more audits planned for a specific time frame and directed towards a specific purpose.
Audit scope	Extent and boundaries of an audit.
Audit team	One or more persons conducting an audit, supported if needed by technical experts.
Auditee	Organization being audited.
Auditor	Person who conducts an audit ***NOTE 1:*** *This definition is applicable also to the term "Inspector"*
Compliance	Meeting requirement that an organization has to comply with or chooses to comply with.
Correction	Action to eliminate a detected non-compliance.
Corrective action	Action to eliminate the cause of a non-compliance and to prevent recurrence.
Corrective action plan	A step by step plan of action that is developed to achieve desired outcomes for resolution of identified deficiency in an effort to eliminate the cause of a Non Compliance and to prevent its recurrence.
Inspection	In the context of compliance monitoring or Oversight, an inspection means an independent documented conformity evaluation by observation and judgement accompanied as appropriate by measurement, testing or gauging, in order to verify compliance with applicable requirements.
Non-compliance	Non-fulfilment of requirement that an organization has to comply with or chooses to comply with.
Observer	Person who accompanies the audit team but does not act as an auditor.

Term	*Definition*
Organization	Person or group of people that has its own functions with responsibilities, authorities and relationship to achieve its objectives. ***NOTE 1:*** The concept of organization includes, but it is not limited to, sold-trader, company, corporation, firm, enterprise, authority, partnership, association, charity or instruction, or part or combination whether incorporated or not, public or private.
Subject Matter Expert	Person who was assigned by CAAT to provides specific knowledge or expertise to the audit team.
Team leader	Auditor appointed to lead the audit team.

0.8.2 Acronyms and Abbreviations

Acronyms / Abbreviations	*Meaning*
CA	Corrective Action
DGCA	Director General of the Civil Aviation Authority of Thailand
DRMS	Document and Records Management System
N/A	Not Applicable
NCF	Non-Compliance Form
QAD	Quality Assurance Department
QPI	Quality Performance Indicator
SME	Person who was assigned by CAAT to provides specific knowledge or expertise to the audit team.
USD	Un-Scheduled Audit

1. OBJECTIVE AND APPLICABILITY

This procedure has been established to define the conditions of issuance and management of Non-Compliances found by CAAT during internal quality audits and external audits of organization's which hold any approval delivered by CAAT or apply for Certification to CAAT.

Toward standardization of CAAT practices, this procedure should be applied to all activities that need an assessment through an audit.

In some situations, departments can be authorized to deviate from the provisions of this procedure. This authorization should be granted only when or if duly justified and departments shall detail the differences between their practices and this non-compliances management procedure in their manual.

This procedure may not apply to some audits or inspection under special condition such as foreign air operators ramp inspection which should follow specific procedure.

It defines:

- The way to declare a Non-Compliance using the CAAT Audit/Oversight IT System;
- The way to declare a Non-Compliance using a specific form when CAAT Audit/Oversight IT System cannot be used;
- The process to manage the Non-Compliance further to notification to the auditee;
- The process when a Non-Compliance is not replied or corrected on time by the auditee.

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2. RESPONSIBILITIES

The Auditor as defined in this procedure shall be responsible to manage Non-Compliance(s) as follows:

- To issue the Non-Compliance by using the NC form / CAAT Audit/Oversight IT System;
- To monitor and follow up correction/corrective actions to verify their effectiveness;
- To record NCF and all relevant evidences concerned in audit folder or the Audit/Oversight IT System.

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3. PRINCIPLE

3.1 Non-compliance Issuance Applicability

An external Non-Compliance can be raised further to an audit or an inspection or in an isolated manner as soon as CAAT has the evidence that some activities performed by an organization for which CAAT has the responsibility for certification or surveillance do not comply the applicable regulations or the organization procedures/manual.

An External Non-Compliance can be raised by CAAT within the framework of:

- study and performance of audits with the purpose of establishing an initial approval/certification to an organization;
- oversight audits of an organization for approval/certification continuation and change study.

An internal Non-Compliance can be raised further to an audit or an inspection or in an isolated manner as soon as internal quality auditor have the evidence that some activities have been performed by CAAT staff do not comply with applicable regulations or CAAT internal manual.

3.2 Staff Authorized to Issue Non-Compliance

A Non-Compliance can be issued in many various circumstances by inspectors authorized by CAAT or by internal quality auditor in the framework of their authorized scope of work.

Inspectors can raise non-compliance against organizations in the framework of their certification or surveillance.

Internal quality auditor can raise Non-Compliance findings against departments of CAAT.

3.3 Notification of Non-compliance

When a Non-Compliance is objectively identified by CAAT, the operator/organization shall be duly notified either by using the CAAT Audit /Oversight IT System or by using a Non-Compliance Form.

The following chapter details the way to properly use these different tools.

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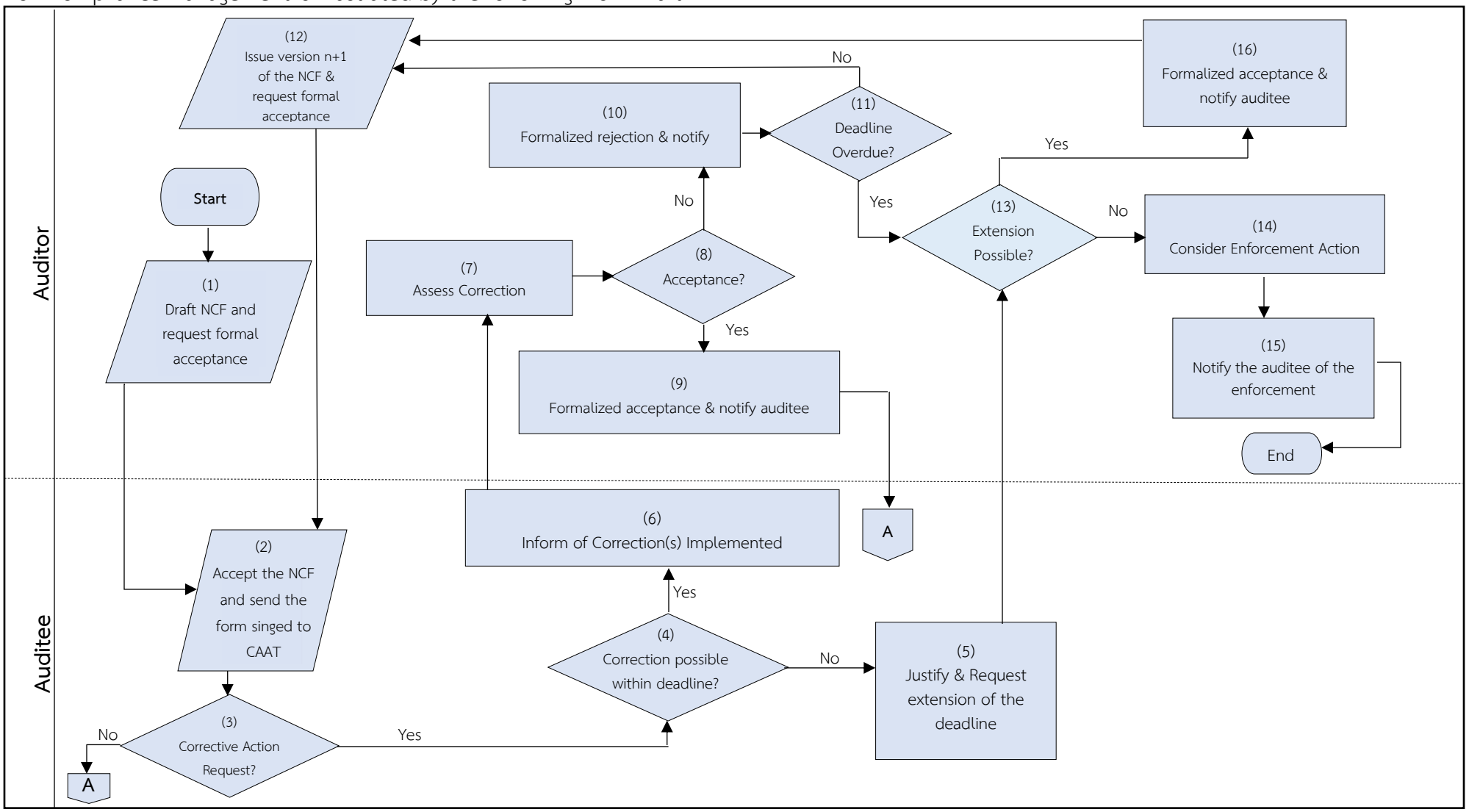
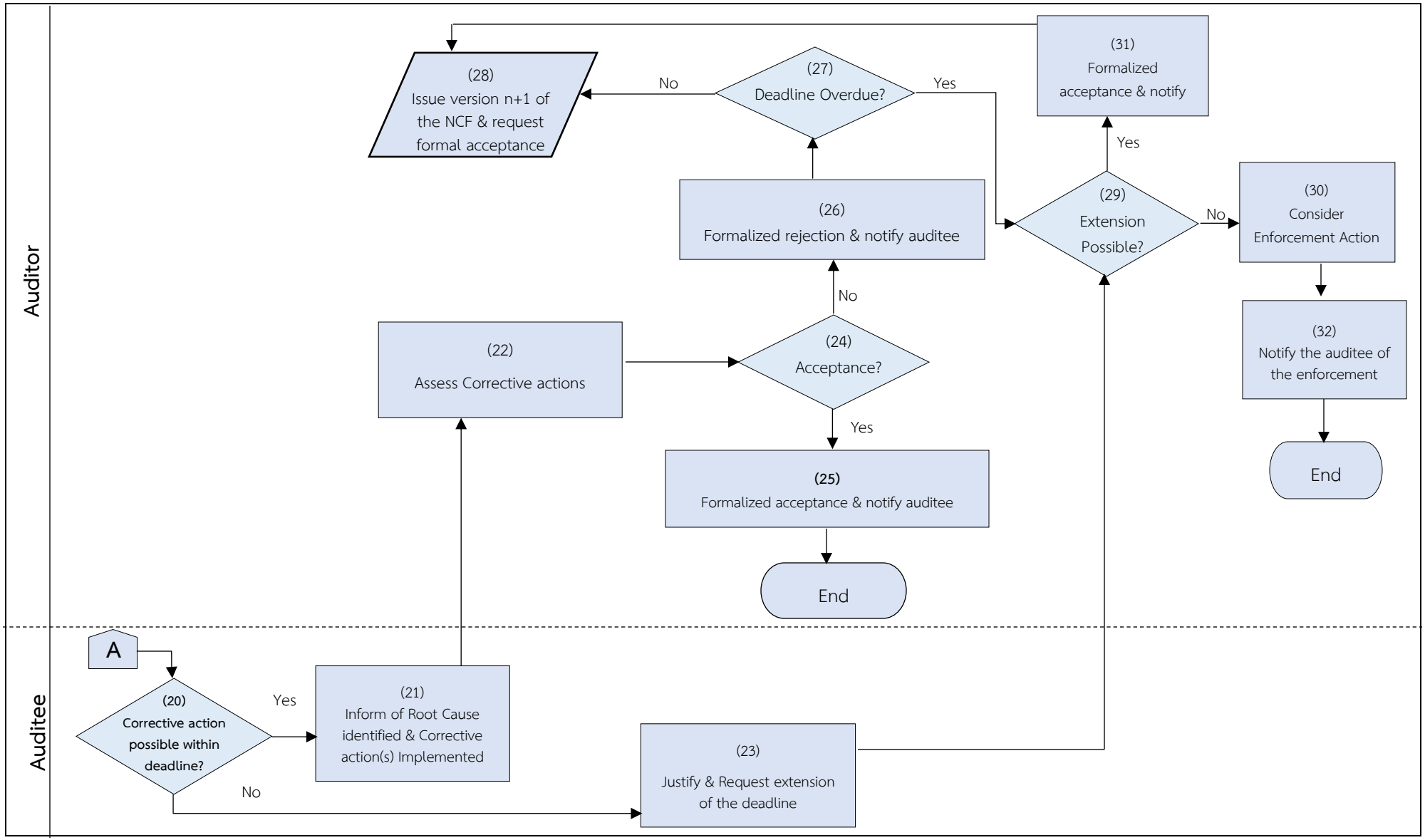
4. MANAGEMENT OF A NON-COMPLIANCE

Non-Compliance Management is illustrated by the following Flow Chart.




Auditor
Auditee
(28) Issue version n+1 of the NCF & request formal acceptance
No
(27) Deadline Overdue?
Yes
(31) Formalized acceptance & notify
Yes
(26) Formalized rejection & notify auditee
(29) Extension Possible?
No
(30) Consider Enforcement Action
No
(22) Assess Corrective actions
(24) Acceptance?
(32) Notify the auditee of the enforcement
Yes
(25) Formalized acceptance & notify auditee
End
End
A
(20) Corrective action possible within deadline?
Yes
(21) Inform of Root Cause identified & Corrective action(s) Implemented
No
(23) Justify & Request extension of the deadline

4.1 Naming Convention

When a Non-Compliance was found during an audit, or an inspection the Non-Compliance Number should be referenced as follows:

AAAYY-XXXX-DDDD-OOO-NNN

•**AAAYY-XXXX-DDDD-OOO-NNN** is the Non-Compliance Number that is composed of.

- **AAA:** 3 letters representing the Department who performed the audit (AIR, OPS, PEL)
- **YY:** representing the last 2 numeric of A.D.
- **XXXX:** 2-4 letters representing type of the audit or inspection (Main base, Line ramp)
- **DDDD:** 2-4 letters representing the audited organization (ICAO code if any)
- **OOO:** is the audit report number
- **NNN:** is the non-compliance number

Example 1: Audit report no: AIR20-MB-THA-001

Non-Compliance no: AIR20-MB-THA-001-001

For the Inspection is not required to produce the audit report however it required to produce Non-Compliance Report which can use the standard of naming convention format same as the audit report.

Example 2: Non-Compliance no: **AAAYY-XXXX-DDDD-NNN**

AIR20-LC-THA-001

In case of rejection of the actions (correction or corrective actions) by CAAT, a version number will be added to the reference of the NCF.

Initial version will not contain any version number; first revision will be added V01.

4.2 Non-Compliance Statement

Audit evidences should be evaluated against the audit criteria in order to determine audit findings. Non-Compliance and their supporting audit evidence should be recorded.

Audit evidences and audit findings should be reviewed with the auditee in order to obtain acknowledgement that the audit evidences are accurate, and that the non-compliances are understood.

Every attempt should be made to resolve any diverging opinions concerning the audit evidence or findings, and unresolved points should be recorded.

4.2.1 Documenting a Non-Compliance

Auditor shall maintain a positive approach and look for facts, not faults. However, when the audit evidence determines that there is a Non-Compliance, then it is important to document it correctly.

There are three parts to a well-documented non-compliance:

- an audit evidence to support auditor's Non-Compliance findings;
- a record of the requirement against which the Non–Compliance is detected;
- the statement of Non-Compliance.

If there is no objective audit evidence, there is no Non-Compliance.

If there is an objective evidence – it must be documented as a non-compliance, instead of being softened to other classification (e.g. "observations", "opportunities for improvement", "recommendations", etc.).

The audit evidence should be documented and be sufficiently detailed in order to enable the audited organization to find and confirm exactly what the auditor observed.

In the next step the auditor will need to identify and record the specific requirement that is not being met.

As a reminder, a Non-Compliance is non-fulfillment of a requirement that an organization has to comply with or chooses to comply with if the auditor cannot identify such requirement, then the

auditor cannot raise a Non-Compliance. Requirements can come from many sources; applicable regulations, or by the organization's or department's approved manuals. Once the Non-Compliance against a specific requirement is confirmed, this needs to be documented. The record may be something as simple as a reference to the regulations, or the organization's or department's approved manuals.

The final (and the most important) part of documenting a Non-Compliance is the writing of a statement of non-compliance.

The statement of Non-Compliance drives the root cause analysis, correction and corrective action by the organization, for this reason it needs to be precise. The statement of Non-Compliance should:

- be self-explanatory and be related to the system issue;
- be unambiguous, linguistically correct, and as concise as possible;
- not be a restatement of the audit evidence, or be used in lieu of audit evidence.

To summarize, a well-documented Non–Compliance will have three parts:

- the objective audit evidence;
- the requirement; and
- the statement of the non-compliance.

If all three parts of the Non-Compliance are well documented, the auditee, or any other knowledgeable person, will be able to read and understand the Non-Compliance.

This will also serve as a useful record for future reference. In order to provide traceability, facilitate progress reviews, and evidence of completion of corrective actions, it is essential that Non-Compliances are recorded and documented in a systematic manner.

4.3 Non-Compliance Categorization

The categorizations of the Non-Compliances are detailed below and can be complemented by the department manuals.

This chapter details the categorization for:

- NCs raised during internal audits, and
- NCs raised during external safety oversight audits.

For categorization of NC findings raised in other circumstances (Security, Economics….), please refer to the applicable department manual.

4.3.1 Non-Compliance Categorization for Internal Quality Audit

The following categorization represents the Non-Compliance found in regard to Internal Quality Audit, it should be:

- A level 1 finding is any significant Non-Compliance with no provision, requirement not documented or implemented. The absence (omission, not addressed) or total breakdown (commission, failure, not implemented) of a system to meet a specified requirement. A number of level 2 Non-Compliance against one requirement can represent a total breakdown of the system and thus be considered a level 1 Non–compliance. A Non-Compliance that in the judgment and experience of the auditor is likely to either result in the failure of the management system or to substantially reduce its ability to assure controlled processes and products.
- A level 2 finding is any Non-Compliance with the requirement partially implemented but no documentation or partially documented but not implemented. A Non–Compliance that, based on the judgment and experience of the auditor is not likely to result in the failure of the management system or reduce its ability to assure controlled processes and products. Timescale for corrective action is recommended to be up to 3 months (depending on the nature of the finding);

An observation is opportunity for improvement which is minor gap mostly documented and implemented. The management system that may be weak, cumbersome, redundant, overly complex, or in some other manner may in the opinion of the auditor offer an opportunity to improve its current status. For internal quality audit an observation is not subject to any corrective actions.
Reaction to Non-Compliance for Internal Quality Audit

When a finding is detected during Internal Quality Audit, QAD shall communicate the NC finding to the department in writing and request for action to address the Non-Compliance(s) identified.

- In the case of level 1 findings QAD shall take immediate and appropriate action to prohibit or limit activities and until **successful immediate action (correction and/or corrective action) has been implemented by the department to restore an acceptable level of compliance.**

  In such situation, the "immediate" actions taken by the departments, when appropriate and accepted, can allow the auditor to:

  (1) Close the level 1 NC finding if the department has demonstrated implementation of acceptable corrections and corrective actions.
  (2) Re-categorize the level 1 NC finding to become a level 2 NC finding if the "immediate" actions implemented by the department enable to restore an acceptable level of compliance. These actions shall not be less than the implementation of corrections and the insurance that the Non-Compliance extent is clearly identified and that all non-compliance items are isolated (containment).
  (3) The level 1 NC shall be closed and a Level 2 NC shall be created. Level 1 NC shall mention in the reason for closure that a level 2 NC was created to address the implementation of corrective actions and the reference of the level 2 NC shall also be mentioned. The level 2 NC created shall mention the reference of the level 1 NC of origin and recall that it only intends to address the corrective actions as acceptable correction were already implemented to close the level 1 NC.

- In the case of level 2 findings QAD shall:

(1) Grant the department a corrective action implementation period appropriate to the nature of the finding that in any case initially shall not be more than three months. At the end of this period and subject to the nature of the finding QAD may extend the three-month period subject to a satisfactory corrective action plan agreed by QAD; and

(2) Assess the corrective action and implementation plan proposed by the department and if the assessment concludes that they are sufficient to address the non-compliance(s), the auditor shall accept these.

4.3.2 Non-Compliance Categorization for External Safety Audit

The following categorization (level) represents the severity of the Non-compliance found in regard to safety, it shall be used in all domains of safety oversight

However, every domain has its specificities and for each domain a more detailed definition can be included in the regulation or Acceptable Means of Compliance (AMCs) as necessary to share with the industry the categorization of NC used by CAAT.

The definition that may exist in the regulations and AMCs shall not contradict the definition below unless previously agreed with QAD

- A level 1 finding shall be issued by the competent authority when any significant Non-Compliance is detected with the applicable requirements, with the organization's procedures and manuals or with the terms of an approval, certificate, specialized operation authorization or with the content of a declaration which lowers safety or seriously endangers flight safety. The level 1 findings shall include:
    (1) Failure to give the competent authority access to the facilities of the organization
    (2) Obtaining or maintaining the validity of the organization certificate or specialized operations authorization by falsification of submitted documentary evidence;
    (3) Evidence of malpractice or fraudulent use of the organization certificate or specialized operations authorization;
    (4) The lack of an accountable manager.

- A level 2 finding shall be issued by the competent authority when any Non-Compliance is detected with the applicable requirement, with the organization's procedures and manuals or with the terms of an approval, certificate, specialized operation authorization or with the content of a declaration which lowers safety or seriously hazards flight safety
- Observations are recommendations providing opportunities for improvement. The management system that may be weak, cumbersome, redundant, overly complex, or in some other manner, may, in the opinion of the auditor, offer an opportunity for an organization to improve its current practice. An observation is not subject to any corrective actions unless auditee decide to improve It is not required to report to CAAT on the implementation of actions further to an observation and CAAT will not monitor the implementation of these actions.

4.3.3 Reaction to a Safety Concern

When a finding is detected during certification, surveillance of the industry or by any other means, CAAT shall, without prejudice to any additional action required, communicate the NC finding to the organization in writing and request for action to address the Non-Compliance(s) identified.

- In the case of level 1 findings CAAT shall take immediate and appropriate action to prohibit or limit activities and if appropriate, it shall take action to revoke the certificate, specialized operations authorization or specific approval or to limit or suspend it in whole or in part, depending upon the extent of the level 1 finding until **successful immediate action (correction, containment of the safety issue and/or corrective action) has been implemented by the organization to restore an acceptable level of safety.**
  In such situation, the "immediate" actions taken by the organizations, when appropriate and accepted, can allow the auditor to:
  (1) Close the level 1 NC finding if the organization has demonstrated implementation of acceptable corrections and corrective actions.
  (2) Re-categorize the level 1 NC finding to become a level 2 NC finding if the "immediate" actions implemented by the organization enable to restore an acceptable level of safety. These actions shall not be less than the implementation of corrections and the insurance that the Non-Compliance extent is clearly identified and that all non-compliance items are isolated (containment).
  (3) If the system does not allow recategorization of a NC, then the level 1 NC shall be closed and a Level 2 NC shall be created. Level 1 NC shall mention in the reason for closure that a level 2 NC was created to address the implementation of corrective actions and the reference of the level 2 NC shall also be mentioned. The level 2 NC created shall mention the reference of the level 1 NC of origin and recall that it only intends to address the corrective actions as acceptable correction were already implemented to close the level 1 NC.

In the case of level 2 findings the competent authority shall:

(1) Grant the organization a corrective action implementation period appropriate to the nature of the finding that in any case initially shall not be more than three months. At the end of this period and subject to the nature of the finding the competent authority may extend the three-month period subject to a satisfactory corrective action plan agreed by the competent authority; and

(2) Assess the corrective action and implementation plan proposed by the organization and if the assessment concludes that they are sufficient to address the non-compliance(s), the auditor shall accept these.

4.4 Use of CAAT computerized System to Manage the Treatment of Non-compliance

The use of CAAT Audit/Oversight IT System is mandatory as soon as the results of the oversight activity can be recorded in these tools and that the operator or organization is properly set into the system.

The CAAT Audit/Oversight IT System user's manual details the way to notify an auditee through the system.

4.5 Use of the Non-compliance Form to Manage the Treatment of Non-compliance

In case CAAT computerized system cannot be used, the Non-Compliances have to be notified using a Non-Compliance form.

The organization/department has to formally accept he Non-Compliance by signing and sending back to the auditor the Non-Compliance form signed by an authorized representative.

Filling the Non-Compliance Form is descripted in Chapter 8, paragraph 8.1

4.6 Notice of Unacceptable Correction and/or Corrective Action Plan

In the following cases, the auditee shall be noticed of Unacceptable Correction and/or Corrective Action Plan by a Team Leader.

4.6.1 Auditor Request Auditee to Amend the Correction and/or Corrective Action Plan

In case an auditor requests an auditee to amend the Correction and/or Corrective Action Plan, if the amended Correction and/or Corrective Action Plan still does not contain all the components requested, a Team Leader will determine the action to be taken as follows:

- Notice of an Unacceptable Correction and/or Corrective Action Plan to the auditee on the aspect the auditee fails to provide an acceptable Correction and/or Corrective Action Plan;
- if the notice of an Unacceptable Correction and/or Corrective Action Plan is given to the auditee up to 3 times and the third Correction and/or Corrective Action Plan is still not acceptable the team leader will report this status to DGCA via Department Manager to make further decision.

4.6.2 Auditee Request Auditor to Extend Due Date of Submitting the Correction and/or Corrective Action Plan

In case auditee requests auditor to extend a due date of submitting the Correction and/or Corrective Action Plan, if the Correction and/or Corrective Action Plan still is not finished within the extended due date, the Team leader will determine the action to be taken as follows:

- The first three requests for extension to auditor by Email or Letter are acceptable, if made within the due date;
- If after the third extension of the Correction and/or Corrective Action Plan is still not finished as proposed, the team leader will report this status to DGCA via Department Manager to make further decision.

Note: *In the event of dealing with situation related to Enforcement Procedure and Legislative Authority of CAAT, this shall be referred to CAAT Aviation Enforcement Policy Manual which is available in DRMS*

4.7 Notice of No Response to Correction and/or Corrective Action Plan

In the following cases, the auditee shall be noticed of no response to Correction and/or Corrective Action Plan by the Team leader.

4.7.1 No Response from the Auditee to Demonstrate the Correction and/or Corrective Action Plan

In case there is no response from the auditee to demonstrate the Correction and/or Corrective Action Plan or the auditee is unwilling to submit Correction and/or Corrective Action Plan, CAAT will proceed as follows:

- **First step**: Three working days after expiration of the limit noted in Non-Compliance Form or in CAAT Audit/Oversight IT System the Team Leader in charge must contact the auditee to; give the first reminder of overdue target. Contact could be done by phone but in every case this action must be supported by a formal means of communication such as E-Mail or letter, with copy to responsible manager. In that case, a discussion about current status of the discrepancies and the reason for the delay on closing the requirements of the form could be maintained. Extension of the limits could be granted only in exceptional and well-funded cases.
- **Second step:** In case the Team Leader does not receives an appropriate answer or the discrepancy is still expired three working days after expiration of the first reminder, the case shall be brought up to respective responsible manager for evaluation and appropriate action, including a new formal contact with the auditee and the explanation of consequences in case the issue is not solved.
- **Third step**: Three working days after the date of contact of the auditee from responsible manager, and there is still no progress in the resolution of the Non-Compliance, the Team Leader will report the status to DGCA via responsible manager to make decision and consider initiate an investigation as defined on CAAT Aviation Enforcement Policy Manual.

Note: *In the event that dealing with situations related to Enforcement process and/or Legislative Authority of CAAT, this shall be referred to CAAT Aviation Enforcement Policy Manual which is available in DRMS (https://drms.caat.or.th/flow).*

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5. FOLLOW UP OF NON-COMPLIANCES

The final objective of the Non-Compliance management is to ensure that the actions requested were effectively implemented in due time.

When a Non-Compliance was declared using CAAT computerized system, it will be managed in the same system in accordance with the user's manual.

When it was declared through the use of a NCF, then the implementation of the actions has to be managed through a specific tool.

A simple excel table is the minimum acceptable tool.

This tool shall at a minimum enable to track each NCF issued the dates of implementation of the corrections and corrective actions as well as the deadlines that were agreed with CAAT.

Thus the minimum columns of the table should be:

NCF Ref	Non-Compliance description	Deadline for Correction	Deadline for Corrective Action	Correction implementation date	Corrective Action implementation date	remarks

When an extension is granted, it should be shown in remarks column. This column should also show when an action was refused.

For statistical purpose, the departments can decide to add other columns to this tracking in order to be able to identify trends in some particular domains.

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6. SERVICE LEVEL AGREEMENT/QUALITY PERFORMANCE INDICATOR

N/A	

Intentionally Left Blank

7. RECORD MANAGEMENT

Every version of the NCF has to be recorded as well as the evidences that supports the acceptance or rejection of the Correction(s) and the Corrective action(s) implementation in audit folder and/or the CAAT computerized system for a duration of at least 5 years.

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8. FORMS

8.1 Non-Compliance Form

The Non- Compliance form is the Form referenced QAD- AI- 101 Audit Non- Compliance Form available in *DRMS (https://drms.caat.or.th/flow).*

8.2 How to Fill-In the Form

The parts in Grey are reserved to auditor (Inspectors or Internal Quality Auditor) while parts in white have to be filled in by organizations or department in charge of the implementation of the actions.

Organization: Enter the name of the organization or department that is responsible for implementing the actions. If the NCF is for a private, enter N/A.

Representative: Enter the name of the individual who is the focal point in the Organization for communicating the actions and evidences to CAAT.

For a private, indicate the individual responsible for communicating the actions and evidences to CAAT.

Date of Non-Compliance finding:

Enter the date the Non-Compliance was found.

Type of Audit/Oversight Activity:

Indicate in which context the non-compliance was found. For example:

- Certification audit,
- Surveillance audit,
- Ramp Inspection,
- En-route inspection,
- Certificate of Airworthiness Issuance or Renewal,
- isolated.

8.2.1 Non-Compliance Part of the Form

This part intends to describe the Non-Compliance and to set the deadlines for the implementation of the actions. This part also enables the monitoring of the opening and closing of the NCF and to formalizing the acceptance of the NC by the representative.

The level of finding: Indicate the level of the finding as it is documented in your department manual.

Deadline for Correction implementation:

Indicate the date at which a proper correction implementation must be demonstrated to CAAT.

Is Corrective Action requested?

Indicate Yes or No in order to request the implementation of a Corrective Action.

Deadline for Corrective action implementation:

Indicate the date on which a proper corrective action implementation must be demonstrated to CAAT.

Reference: Precisely indicate the reference of the requirement which the organization or private is not complying with (Article of a regulations, chapter of an approved manual)

Non-Compliance statement:

Insert the Non-Compliance statement as described earlier in this procedure.

NCF Opening: Insert the date on which the NCF has been created.

NCF Closing: At the end of the process, when all actions have been implemented and evidenced as requested, indicate the date when the NCF has been closed.

NCF Acceptance: The person who is the focal point in the Organization (or the private responsible) for communicating the actions and evidences to CAAT has to sign the NCF to formalize his acceptance of the Non-compliance and commit to implement the actions as required.

8.2.2 Non-Compliance Management Part of the Form

Correction: This part shall contain the correction action (immediate action) implemented to eliminate the occurrence of the Non-Compliance found.

Auditee will also indicate the evidences demonstrating the proper implementation of the correction.

In case the deadline for the implementation is too short and auditee can justify it, this block shall be used to request an extension of the deadline.

Submitted by: The responsible person (The representative) should fill in his/her name, the date and sign in this block.

Once signed, he/she should send the form to CAAT for acceptance of the correction.

Acceptance and Remark:

In case of acceptance of the correction:

The authorized staff from CAAT will formalize its acceptance by crossing "**Yes**" and filling in his/her name, the date and signing the form.

CAAT staff will put in remark any particular event, for example, if he/she physically verified the implementation of the correction.

In case of rejection of the correction:

The authorized staff from CAAT will formalize its rejection of the correction by crossing "**No**" and filling in his/her name, the date and signing the form.

CAAT staff will put in remark the reasons for refusing the correction (lack of evidence, correction not adapted ….)

In that case, the CAAT authorized staff will put in remark the issuance of a new version of the NCF.

"Version n+1 of the NCF was created further to the rejection of the Correction"

In case a request for extension was made in Correction block:

The authorized staff from CAAT will formalize its acceptance of the extension by crossing "**Yes**" and filling in his/her name, the date and signing the form.

In that case, the CAAT authorized staff will put in remark that further acceptance of the request for extension, was made and a new version of the NCF was issued.

"Version n+1 of the NCF was created further to accept of the request for extension"

Once done, he/she will return the signed document he representative.

The new version has to also be signed by the representative.

Root Cause analysis & Corrective Action Plan:

The representative shall describe here the root cause he/she identified further to his/her analysis as well as the corrective action plan that he/she determined to eliminate the cause of the Non-Compliance found.

NOTE: *The Root cause and Corrective Action Plan shall be accepted by CAAT.*

Corrective Action implementation and evidences:

The representative shall describe here the actions that were implemented to eliminate the cause of the Non-Compliance found as well as the evidences provided to prove it.

This should be in line with the corrective action plan he/she stated in the previous block.

In case, the deadline for the implementation is too short and he/she can justify it, this block shall be used to request an extension of the deadline.

Submitted by: The responsible person (The representative) should fill in his/her name, the date and sign in this block.

Once signed, he/she should send the form to CAAT for acceptance of the correction.

Acceptance and Remark:

In case of acceptance of the corrective action:

The authorized staff from CAAT will formalize its acceptance by crossing "**Yes**" and filling in his/her name, the date and signing the form.

CAAT staff will put in remark any particular event, for example if he/she physically verified the implementation of the correction.

In case of rejection of the corrective action:

The authorized staff from CAAT will formalize its rejection of the correction by crossing "**No**" and filling in his name, the date and signing the form.

CAAT staff will put in remark the reasons for refusing the corrective action (lack of evidence, no adaptation on corrective action not …)

In that case, the CAAT authorized staff will put in remark the issuance of a new version of the NCF.

"Version n+1 of the NCF was created further to the rejection of the Corrective action"

In case a request for extension was made in Corrective action block.

The authorized staff from CAAT will formalize its acceptance of the extension by crossing "**Yes**" and filling in his/her name, the date and signing the form.

In that case, the CAAT authorized staff will put in remark that further acceptance of the request for extension was made and; a new version of the NCF was issued.

“Version n+1 of the NCF was created further to acceptance of the request for extension”

Once done, he/she will return the document signed to the representative.

The new version also has to be signed by the representative.