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13.3.2 Identifying and Reporting Nonconformance

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Approved: _____ *Signature on File* _____
Collider-Accelerator Department Chairman Date

D. Passarello

13.3.2 Identifying and Reporting Nonconformance

1. Purpose

- 1.1 To define the Collider-Accelerator process for the identification and processing of nonconforming items, services, or processes. The requirements of this document supplement the BNL's Standards Based Management System (SBMS) [Nonconformances, Identifying and Reporting](#) Subject Area.
- 1.2 Within the SBMS there are numerous processes available for handling non-conformances. If it has been determined that the requirements of the [Nonconformances, Identifying and Reporting](#) Subject Area are applicable, then the additional requirements of this document shall be followed.
- 1.3 Definitions (for general definitions reference SBMS)
 - Nonconformance - An activity, attribute, or document, which fails to comply with established requirements, and may lead to a condition having an adverse effect on the environment, safety, security, health (ESS&H), operations, quality or reliability.
 - Major nonconformance - A lack of an element, procedure, or a non-fulfilled requirement, that puts the process/system at jeopardy, and could lead to significant impact on ESS&H, operations, quality or reliability.
 - Minor nonconformance - An observed lapse in a program, process, procedure, or requirement, usually single incidents that do not have a significant impact on ESS&H, operations, quality or reliability.

2. Responsibilities

- 2.1 This procedure shall be implemented by C-A staff who identify a non-conformance, and to those who are assigned the responsibility of analyzing, determining corrective/ preventive actions, and dispositioning nonconformance's.
- 2.2 When appropriate, staff members shall take action to mitigate potential ESSH or programmatic impacts of the nonconforming condition. This can be done in several ways, including
 - issuing a formal stop work in accordance with the [Radiological Stop Work](#) Subject Area or the [Stop Work](#) Subject Area, when appropriate;
 - reporting a purchased item or service that is nonconforming to the Procurement and Property Management (PPM) Division;
 - tagging and segregating a nonconforming item; or
 - issuing immediate notification to the responsible individual when a nonconforming item, service, activity, or process is observed.

2.3 C-A QA shall maintain, distribute, track and trend, as appropriate, C-AD NCRs.

3. Prerequisites

None

4. Precautions

None

5. Procedure

5.1 If a C-A Staff member determines that a nonconformance has or the potential exists for a nonconformance to occur the responsible individual shall be contacted.

5.2 The responsible individual shall evaluate reported nonconformance to determine validity and impact on ESS&H and/or operations.

5.3 A graded approach to analyzing, controlling, correcting, and documenting non-conformances is used to ensure that corrective actions are commensurate with either the preassigned Risk Level of the item/process or the actual or potential ESSH/programmatic impact of the nonconforming condition.

- Nonconformances determined to have an ESH&Q Risk Level of High (A1- Critical) or Moderate (A2 - Major) and findings resulting from an Occupational, Health and Safety Assessment (OHSAS) or Environmental Management System (EMS) Assessment shall be documented and tracked until closure using the C-AD Family ATS System.
- Nonconformance's determined to have an ESH&Q Risk Level of Low (A3 - Minor) or A4, Negligible, are dispositioned and documented as appropriate, e.g. BNL [Inspection/Test Record](#) or Assessment Reports. If a C-A Group develops a derivative of the BNL Inspection/Test Record it shall be included in the C-A Operation Procedures Manual.

5.4 Processing

5.4.1 C-A QA Office shall process the documentation related to non-conformances determined to have an ESH&Q Risk Level of A1- Critical, A2- Major, or are findings resulting from an Occupational, Health and Safety Assessment, Environmental Management System assessment, or C-A QA Independent Assessment.

The nonconformance shall be tracked to closure via the C-A Family Assessment Tracking System (ATS). The C-A ATS administrators shall apply a graded approach philosophy when reviewing/accepting action item closure submissions. At the discretion of the C-A ATS Administrator, submissions shall require:

- attaching support documentation to the ATS file, or
- identifying the location and owner of supporting documentation, or
- accepting an email notification that the action item has been adequately addressed.

The C-A ATS Administrator shall assign “public” to the ATS Access Status for C-A ATS entries related to OHSA or EMS assessments, and non-conformances determined to have an ESHQ risk level of high (A1-critical), or moderate (A2-major).

The C-A ATS Administrator shall consult with the ATS Assessment and/or Condition owner when the action item closure submissions are not in line with program/process requirements.

5.4.2 Documentation related to A3 (Minor) and A4 (Negligible) non-conformances shall be maintained and dispositioned by the responsible individual. When appropriate, C-A QA shall be consulted. If deemed necessary, requirements for further action to prevent recurrence of the nonconformance shall be documented.

5.5 Regardless of the Risk Level, all non-conformances of purchased items or services that are supplier-related are reported using the [BNL Supplier Non-conformance \(BSNC\) Reporting and Tracking System](#).

- When a disposition of rework, scrap, or repair of purchased items is made, the Procurement and Property Management (PPM) Division should be consulted to determine whether the BNL costs in carrying out the disposition can be charged back to the supplier. If the item is from a BNL organization, they should be consulted to determine if there is any charge back.
- For non-conformances concerning purchased items or services, a Supplier Corrective Action Request should be prepared if warranted by the nature of the non-conformance and past history. Refer to the [Supplier Corrective Action Request \(SCAR\) Form](#) in the [Event/Issues Management](#) Subject Area.

6. Documentation

Depending upon the actual or potential ESSH or programmatic impact of the non-conformance, documentation which describes the nonconformance and actions taken shall be maintained per the [Records Management](#) Subject Area.

7. References

7.1 SBMS, [Event/Issues Management](#)

7.2 SBMS, [Nonconformances, Identifying and Reporting](#).

7.2 SBMS, [Records Management](#).

7.3 SBMS, [Work Planning and Control for Experiments and Operations](#)

8. Attachments

None