



# Lusail Real Estate Development Company

## Health, Safety, Security, Environment, Logistics & Quality Department

### STANDARD OPERATION PROCEDURE – NON-CONFORMANCE & CORRECTIVE ACTIONS

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#### COMPANY PROPRIETARY INFORMATION

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## Amendment Record

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

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## 1.0 PURPOSE

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This procedure describes the responsibilities, procedures, and documentation for identifying, reporting, and controlling of associated Corrective and Preventive Actions, and for the use of a Corrective Action Request (CAR) to correct, and where appropriate to prevent non conformance within the Safety Management System (SMS) as the result of internal or external audits.

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## 2.0 SCOPE

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This procedure applies to all LREDC workplace, projects, joint ventures and similar partnerships managed by Lusail in the State of Qatar.

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## 3.0 TERMS & DEFINITION

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- **HSE** – Health, Safety & Environment
- **Corrective Action** - Changes to policies, procedures, work instructions, work practices, training, inspections, tests, specifications, drawings, processes, products, equipment, facilities, material or resources that prevent, minimize or eliminate non conformances.
- **Preventive Action** - A plan of actions to be taken to eliminate, wherever possible, within acceptable risk to LREDC, causes (evidenced or firmly believed) of non compliance and or non conformance. The plan is subject to monitoring and report for Management Review.
- **MR** - Management Review

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## 4.0 REFERENCES

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Qatar Construction Specifications

See SOP20 - LUS-HSE-SP2-460-001.03 Management Review

See SOP12 - LUS-HSE-SP2-446-003 Inspection Procedure

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## 5.0 RESPONSIBILITIES

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The following personnel have responsibilities mentioned in this procedure:

- **CEO** - Sets clear HSE Policy for organization and stakeholders
- **HSE Director** - Leads the Department on HSE matters.
- **Management Representative / Appointee** - Responsible for undertaking the planning of preventive actions and for implementing the actions according to the defined program. Complies with all corrective and preventive actions prescribed within their sphere of responsibility by HSE Representative.
- **HSE Representative** - Will establish and maintain a reporting and record keeping system for non-conformances, corrective and preventive actions.

It is the responsibility of all employees to bring suspected non-conformances with the requirements of the SMS to the attention of the relevant Departmental Manager, HSE Director or nominated representative.

- Non conformance can be identified through the following activities:
- Internal audit findings
- Incidents
- Third party audit findings
- Checklist findings
- Complaints (internal or external)
- Near-miss Reports

By whichever means a non-conformance is identified, the underlying cause(s) of the non-conformance must be investigated.

Non-conformances and corrective actions will be reviewed through the Management Review process.

## **6.0 PROCEDURE**

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### **6.1. CORRECTIVE ACTION**

Appropriate and timely corrective action must be taken according to the nature of the non-conformance.

The MR will ensure that Procures are in place to:

- Identify and correct any non-conformity.
- Action is taken to mitigate an OHS consequences.
- Investigate non conformity and determine the root cause to prevent reoccurrence.
- Record and communicate corrective actions as required.
- Periodically review the effectiveness of controls implemented.

The CAR sets out the basic plan of actions, with a detailed program of actions needed to prevent the re-occurrence of the non-conformance. Each step of the plan is to be provided with a monitoring time period.

The Corrective Action Register will be stored [M:\Lusail\Lusail-EHSS](#)

Safety staff will record all open actions from recent inspections. The actions will be tracked to ensure they are closed in a timely manner based on risk.

### **6.2. PREVENTIVE ACTION**

Preventive actions are considered to be long term processes requiring a plan of action based upon analysis of the factors of the perceived root cause.

- The Management Representative (MR) / Management Appointee (MA) is responsible for undertaking the planning of preventive actions and for implementing the actions according to the defined program.
- The MR is responsible for monitoring the planned actions and for providing the Management Review Meetings with concise summaries of the progress of the plans.

- Preventive action, such as implementing modifying or enforcing procedures or controls, will be taken to avoid repetition of the non-conformance.
- Any corrective or preventive action taken to address the causes of non-conformance must be appropriate to the magnitude of problems and commensurate with the HSE impact encountered, and documented.
- Repeated non-conformances of the same nature or significant deviations from procedures (for example, disregard of the procedures, or total absence of required documentation) will be reported to the relevant member of the HSE Team for action and resolution.
- Where preventive actions involve long term programming, these will be considered in the setting of objectives or targets.

### **6.3 MANAGEMENT REVIEW**

The Management Representative (MR) / Management Appointee (MA) collates summaries of Non-conformance Reports, Customer Complaints, Corrective and Preventive Actions for presentation at Management Review meetings. These summaries will be used for identifying trends and areas for continuous improvement.