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CONTENTS

	Page
1. INTRODUCTION	3
2. SUPPORTING CLAUSES.....	3
2.1. SCOPE	3
2.1.1. Purpose	3
2.1.2. Applicability	3
2.2. NORMATIVE/INFORMATIVE REFERENCES.....	3
2.2.1. Normative	3
2.2.2. Informative	4
2.3. DEFINITIONS.....	4
2.4. ABBREVIATIONS	5
2.5. ROLES AND RESPONSIBILITIES	5
2.6. PROCESS FOR MONITORING.....	5
2.7. RELATED/SUPPORTING DOCUMENTS.....	5
3. CONTROL OF NONCONFORMITIES	6
3.1. SOURCES OF A NONCONFORMITY	6
3.2. REPORTING A NONCONFORMITY	8
3.3. REGISTERING A NONCONFORMITY	8
3.4. NONCONFORMITY CLOSURE AND INVESTIGATION	9
3.4.1. Segregation, Containment, return or suspension	9
3.4.2. Concession	9
3.5. ESTABLISH CORRECTIVE ACTIONS.....	9
3.5.1. Root Causes	9
3.5.2. Reporting on corrective actions	10
3.6. INTERNAL FEEDBACK	10
3.7. REVIEW AND ANALYSIS	10
3.8. REVIEW AND CLOSE-OUT.....	10
3.9. DATA AND TREND ANALYSIS	10
4. RECORDS.....	11
5. AUTHORISATION.....	12
6. REVISIONS	13
7. DEVELOPMENT TEAM	13
8. ACKNOWLEDGEMENTS.....	13

FIGURES

Figure 1: Process for management of nonconformities.....	7
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TABLES

Table 1: Records	11
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1. INTRODUCTION

Non-conformity management is a significant process for the organisation to ensure that any deviation from its product, services or processes are detected at the right time to avoid any situation that might result in deficiencies. The Business Management System (including the Quality Management System) implemented by the organisation includes the development and implementation of this nonconformity work instruction, in accordance with the ISO 9001:2015 Standard requirements.

During the performance of organisational activities in accordance with its Business Management System, products, services, process or procedural deficiencies are identified and resolution to prevent their unintended use or delivery, recurrence or occurrence. Identification of those non-conformities, the actions to correct them and prevent their reoccurrence is the mechanism to manage and eliminate the identified deficiencies, and continually improve the Business Management System.

2. SUPPORTING CLAUSES

2.1. SCOPE

This work instruction describes the process for controlling non-conformities applicable to the outputs, systems, processes and activities within Group Technology and their interested parties, as described in the Group Technology Quality Manual [1]. This document outlines the process for identifying and addressing all fundamentals relating to non-conformities as required by ISO 9001:2015. Furthermore, this process has been described and mapped under the Process Control Manual for Manage Continual Improvement [7].

2.1.1. Purpose

The purpose of this work instruction is to ensure that, through a documented process, deviations that may arise from Group Technology's outputs, processes, systems, and activities are effectively controlled.

2.1.2. Applicability

This document is applicable throughout Group Technology, except PTM section, which is covered under a different ISO 9001:2015 structure.

2.2. NORMATIVE/INFORMATIVE REFERENCES

Employees using this procedure are to apply the most recent edition of the documents listed in the following paragraphs.

2.2.1. Normative

- [1] 240-53665024 Group Technology Quality Manual
- [2] 32-727 Safety, Health, Environment and Quality Policy
- [3] 474-11666 Group Technology Statement of Commitment to Quality Management
- [4] 32-6 Document and Record Management Procedure
- [5] 240-53114190 Work Instruction for Management of Internal Audits within Group Technology
- [6] 240-129144797 Group Technology's Work Instruction for Customer Satisfaction
- [7] 32-1215 Process Control Manual for Manage Corrective & Preventive Action

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2.2.2. Informative

[8] ISO 9001:2015 Quality Management Systems – Requirements

[9] ISO 19011 – Guidelines for auditing management systems

[10] 474-11259 Technology Enterprise Risk & Resilience Management Plan

2.3. DEFINITIONS

Definitions applicable to the work instruction are as published under ISO 9000: 2015 [8], ISO 19011:2012 or ISO 9001:2015 [9].

For the purposes of readability of this work instruction the following terms has relevance:

Definition	Description
Correction	Action to eliminate a detected nonconformity
Corrective action	Action to eliminate the cause of nonconformity and to prevent reoccurrence
Nonconformity	The nonfulfillment of the requirement (works information, process, standard, output and regulatory or any other requirements) stated by the employer.
Preventative action	Action to eliminate the cause of a potential nonconformity or other undesirable potential situation.
Product	Results of a process which is generally tangible (i.e. Software, hardware, drawing, or processes material)
Responsible person	Individual assigned as being responsible for performing; evaluations, establishing the root-cause, corrective actions (depositions), implementing oversight and reporting on the status of a nonconformance
Service	Results of a process which is generally intangible (i.e. advise or consultation service)
Top Management	The Senior General Manager for Group Technology and all his\her direct reports (General Managers and Senior Managers) or their delegated personnel.
Output	Results of a process (i.e. product or service)
Originator	A person who identifies and report the nonconformity. The originator is also responsible to make follow ups on the status of nonconformities raised on the nonconformities raised outside of Group Technology.

2.3.1. Controlled Disclosure: Controlled Disclosure to external parties (either enforced by law, or discretionary)

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2.4. ABBREVIATIONS

Abbreviation	Description
CA	Corrective action
ISO	International Organization for Standardization
NC	Nonconformity
NCR	Nonconformity Report
PA	Preventative action
PCM	Process Control Manual
SGM	Senior General Manager
GT	Group Technology

2.5. ROLES AND RESPONSIBILITIES

Everyone within GT is responsible to ensure the work instruction is utilised in their areas of operation. The Senior Manager: Technology Support shall ensure that this work instruction is maintained and continually developed to ensure relevance to the organization. The Senior Manager: Technology Support shall further ensure that there is a coordinated system in place to register nonconformities and regularly report them to Top Management.

2.6. PROCESS FOR MONITORING

The implementation of this manual and its effectiveness will be monitored via self-assessments, audits, and management review.

2.7. RELATED/SUPPORTING DOCUMENTS

- [11] 240-53113153 Nonconformity segregation criteria
- [12] 240-53114086 Concession / Deviation Disposition Notice
- [13] 240-53114069 Nonconformity Report
- [14] Nonconformity Register: [Nonconformities Central Database](#)

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3. CONTROL OF NONCONFORMITIES

3.1.SOURCES OF A NONCONFORMITY

Any person, including interested parties, Contractors or Consultants, working in accordance with the Business Management System within GT shall report identified nonconformities. Potential sources (triggers) for the identification of nonconformities or potential nonconformities include:

- 1) Audits – internal or external
- 2) Customer feedback – complaints or surveys
- 3) Incident/Occurrence investigations
- 4) Self-assessments or gap assessments
- 5) Nonconforming output (product or service) or processes
- 6) Data analysis identifying trends
- 7) Management review meetings
- 8) Risk assessments

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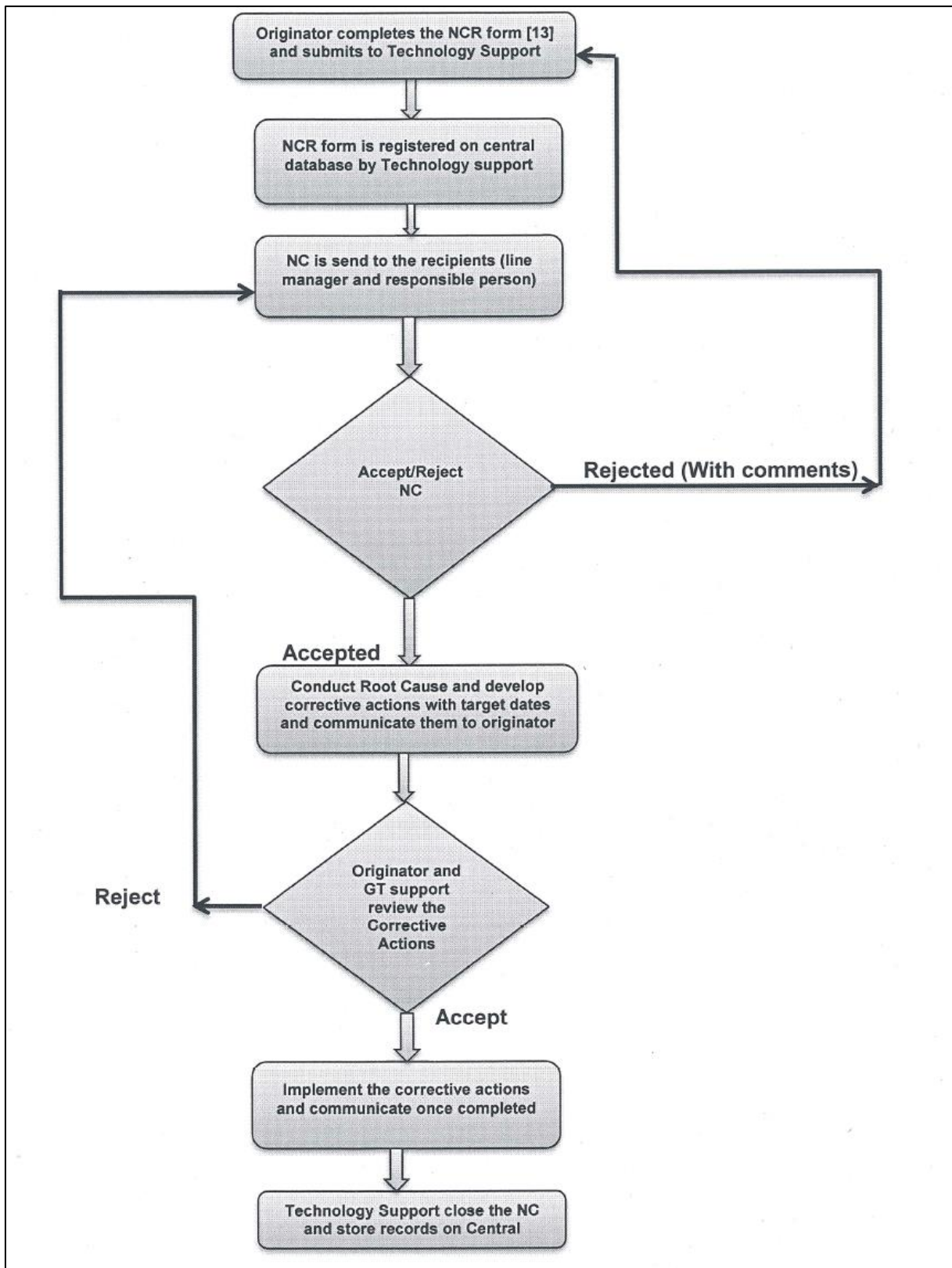


Figure 1: Process for management of nonconformities

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3.2. REPORTING A NONCONFORMITY

Anyone (employees of GT, Interested parties or external service provider) can raise nonconformance from any activity that does not meet the GT requirements. These can be from the output (product/services), processes, systems, objectives and any other GT activities. The originator shall, based on the risk associated with the nonconformity, determine the nonconformity type (minor or major). The person (originator) reporting Business Management System nonconformity (deviation) shall use one of the following communication routes to initiate nonconformity, namely:

- 1) Complete a Nonconformity Report form [13] and provide it to the Technology Support Representative, or
- 2) Or use the appropriate software system (such as SharePoint or email) which supports such reporting.

The following minimum information shall be captured per nonconformity:

- 1) Title of nonconformity or deviation
- 2) Description of deviation or potential deviation
- 3) Name of the originator
- 4) The line manager of the area against which NC is raised
- 5) responsible person
- 6) Date originated
- 7) Nonconformity unique number
- 8) Type of nonconformity
- 9) Accepted date
- 10) Triggers of the nonconformity
- 11) Nonconformity references

The line manager or responsible person shall accept the nonconformity and respond by giving feedback within 3 working days to the originator. The nonconformity can be rejected by the line manager or responsible person with a motivation on the rejection of the nonconformity and send it back to the originator. Originator shall review the motivation and where applicable can cancelled the nonconformity. The analysis of the rejected non-conformities shall be presented during the Mancom and top management shall evaluate and decide to support the cancellation or not. If the top management does not support then this will be re-issue with a new unique number.

3.3. REGISTERING A NONCONFORMITY

The nonconformity shall be registered on the Nonconformity Register by Technology Support personnel. The database shall maintain at least the following information:

- 1) Nonconformity unique number

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- 2) Title of nonconformity
- 3) Name of Originator
- 4) Line Manager
- 5) Responsible person
- 6) Originated date
- 7) Expected completion date
- 8) Department/section/CoE
- 9) Status (open/closed)

3.4. NONCONFORMITY CLOSURE AND INVESTIGATION

Upon the acceptance of the nonconformity, the line manager shall provide the originator and Technology support corrections\corrective actions and expected closure dates of the nonconformity. The originator shall review the actions and either accept or review (with suggestions\reasons). When correcting the nonconformity, the following methods can be used:

3.4.1. Segregation, Containment, return or suspension

In consultation with all stakeholders (i.e. the responsible person, relevant process owner, project manager, interested party, customer) the originator may stop the relevant work, process, activity, as required and place the output under segregation (using the segregation form[11]). This include appropriate marking, identification and separation in order to eliminate any possibility of inadvertent (without knowing/accidentally) use, or mixing with conforming outputs, processes, or activities. Marking of the nonconformity must be done in a way that will enable traceability to the related NCR. This may include taking immediate financial measures such as stopping the payment on the identified nonconformity.

3.4.2. Concession

All stakeholders shall obtain authorization for acceptance under concession using the Concession form [12].

3.5. ESTABLISH CORRECTIVE ACTIONS

The corrective and or preventive actions are done to avoid the reoccurrence of the nonconformity.

3.5.1. Root Causes

The responsible person shall conduct an investigation applying a graded approach to the root-cause analysis technique/s applied and considering the degree of severity of the nonconformity to establish the causes of the nonconformity. In all cases a thorough understanding of the deviation shall be established to enable the identification of the required corrective actions.

The nature, complexity or severity of the NC shall be determined according to the Risk Rating matrix (according to Technology Enterprise Risk & Resilience Management Plan [10]. Investigations conducted shall be formally documented and recorded. The responsible person may capture the unique number of

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the root-cause analysis report in the applicable space on the NCR and using the issued NC number for cross reference and traceability on the root cause analysis report.

3.5.2. Reporting on corrective actions

The responsible person in consultation with the line/discipline manager:

- For a nonconformity recording a deviation shall, based on the root-cause, establish the correction to eliminate the nonconformity identified and the corrective actions to prevent a recurrence, and
- For a potential nonconformity (observation or opportunity for improvement) shall, based on the root-cause establish the corrective actions\corrections to prevent a potential deviation and the preventive actions to address the occurrence of a potential deviation/s.

The corrective action shall be captured on the NCR form [13] which will be sent to the originator and Technology Support who must review the suitability of the corrective action taken. Should any concern be identified, the Technology Divisional Representative shall advise the assigned responsible person for remedial action and response. The assigned responsible person shall manage the implementation of the established corrective and preventive.

3.6. INTERNAL FEEDBACK

The Technology Divisional Representative shall advise (copy on relevant information or access to software fields) the originator of the actions taken in response to the closure of nonconformity issued if the originator is not the auditor involved in the corrective and preventive action process.

3.7. REVIEW AND ANALYSIS

Top management are responsible to ensure that any actions resulting from the application of this work instruction are addressed to support meeting the quality principles of customer satisfaction and continual improvement of the Business Management System.

Senior Managers shall review all applicable nonconformities and corrective actions to ensure effective management and resolution. Senior Managers shall monitor the actions and resolution of all nonconformities within their area of responsibility to ensure effective implementation and closure.

Personnel assigned as the responsible person for a nonconformity/s shall take the reported and agreed actions for effective implementation and closure of the NC. This includes advising the Management Representative of the actions taken to enable closure.

3.8. REVIEW AND CLOSE-OUT

The Technology Divisional Representative shall review all nonconformities which shall include root causes and the implementation of the identified correction, corrective and preventive actions before closing the nonconformity. This includes updating the nonconformity Register with all the relevant information to ensure a complete record is maintained.

It should be noted that a NC can only be closed after the correction, corrective and preventive actions have been implemented.

3.9. DATA AND TREND ANALYSIS

The Senior Manager: Technology Support shall:

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- Conduct reviews or statistical analysis of data generated resultant from the execution of this work instruction regularly to identify trends or precursors to deficiencies and shall generate the required nonconformities to address such issues,
- Report the status of nonconformities and statistical information generated from this work instruction to Top Management at least per annum including at the Management Review meetings, and
- Subject to any reviews or recommendations, continually monitor the performance and effectiveness of this work instruction, to implement improvement.

The Technology Divisional Representative may issue corrective and preventive action program information to Eskom Holdings Ltd entities on request which includes the nature of the need and extent of information required.

4. RECORDS

The following records are generated through implementation of this work instruction and are controlled in accordance with **Error! Reference source not found.**[4].

Table 1: Records

	Description
1	Nonconformity reports (NCR)
2	Root Cause Report
3	Data and Trend Analysis reports

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5. AUTHORISATION

This document has been seen and accepted by:

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Jaco Mellet	Senior Manager: Outage Management Coal 2
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Prudence Madiba	Senior Manager: Gx Plant Engineering (Electrical and C&I design)
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Bheki Ntshangase	Senior Manager: PDE (HV Yards)
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6. REVISIONS

Date	Rev.	Compiler	Remarks
September 2012	0	AD Martin	Supersedes 474-60 and includes QA comments
November 2012	1	AD Martin	Final Authorised Document
February 2018	1.1	S Mathetsa	Review the document to align with ISO 9001:2015 requirements
March 2018	1.2	S Mathetsa	Final Draft for Business Review Process
April 2018	1.3	S Mathetsa	Updated Final Draft after Business Review Process
April 2018	2	S Mathetsa	Final Rev 2 Document for Authorisation and Publication

7. DEVELOPMENT TEAM

The following people were involved in the development of this document:

- Steven Mathetsa
- Collen Ditshego

8. ACKNOWLEDGEMENTS

To all who made comments in the development of this document, especially the Implementation Forum members

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