1. Purpose

1.1. This procedure provides a mechanism to demonstrate Laboratory Services’ efforts at continual improvement. It provides the structure for implementing, documenting and monitoring proactive preventive actions.

2. Scope

2.1. This procedure is applicable to all proactive measures taken to address desired improvements or to minimize the likelihood of potential future nonconformities. It is applicable to technical and administrative policies and procedures as well as to Laboratory Services’ management and quality systems. It does not apply to actions taken to correct nonconformities.

3. Reference Documents

ATF-LS-4.3 Document control
ATF-LS-4.9 Control of nonconforming work
ATF-LS-4.13 Control of records

4. Procedure

4.1. Identification of potential improvement and proposed solution

4.1.1. Identification of areas for potential improvement may originate from a variety of sources. All employees are encouraged to analyze policies, procedures, guidelines, technical methods and routine business operations for potential improvements. When an area of improvement and a corresponding solution is identified, it shall be documented. Responsibility for addressing the proposed preventive action shall be assigned by a member of the management team based on the nature and scope of the proposed preventive action.

4.1.2. If the identified issue violates a specific requirement, policy or procedure, this procedure does not apply. In such cases, there has been a nonconformity and ATF-LS-4.9 Control of nonconforming work shall apply.

4.2. Evaluation and implementation

4.2.1. Suggestions for improvement shall be evaluated for their feasibility, continued compliance with accreditation requirements, and potential for improvements in efficiency, quality, customer service, productivity or cost savings. Plans to implement the improvement shall be developed with input from appropriate personnel, such as the Section Chief, Laboratory Chief, Technical Leader, Quality Manager, Primary Instrument Operator or other relevant personnel, depending on the nature and scope of proposed action.
4.2.2. Prior to implementation of a preventive action, it shall be approved by an appropriate authority. This will generally be a Section Chief or Laboratory Chief, however, depending on the nature and scope of the issue and the proposed solution, it may be the Quality Manager, Technical Leader or Deputy Assistant Director, Forensic Services. The proposed solution shall be implemented with plans for reviewing and monitoring its effectiveness.

4.2.3. Preventive actions that involve changes to controlled documents shall be accomplished in accordance with ATF-LS-4.3 Document control and any other policies relevant to the specific action.

4.3. Review and monitoring

4.3.1. Preventive actions shall be reviewed for effectiveness as part of the annual review of the management system. When appropriate, additional interim reviews for effectiveness may be conducted. The process for reviewing and monitoring effectiveness shall be suitable to the nature and scope of the action.

4.4. Records

4.4.1. The records associated with preventive actions will be retained by the Laboratory Chief or their designee if the scope of the action is limited to an individual laboratory. For preventive actions that are Division level (laboratory system), the records shall be maintained by the Quality Manager. All records shall be maintained in accordance with ATF-LS-4.13 Control of records.

4.4.2. Preventive action records may be brief, such as a line in a spreadsheet or table. The record shall include the following, at a minimum:

- initiator
- description of the condition to be improved
- proposed action and monitoring plan
- approval

5. Controls

5.1. Laboratory Chiefs

5.1.1. Laboratory Chiefs will review all documented preventive actions.

5.2. Quality Manager

5.2.1. Preventive action records will be reviewed during the annual internal audits.
Appendix I: Preventive action workflow

1. Suggestion for improvement originates

2. Discuss with supervisor and/or relevant personnel

3. Feasible/practical?
   - YES: Plan developed with input from relevant personnel
   - NO: Process terminated; Simple documentation

4. Plan reviewed by relevant authority
   - Referred for Revision

5. Plan approved?
   - Rejected: Ensure properly documented
   - Approved: Implement plan

6. Monitor effectiveness

7. Ensure properly documented

END