




Republic of the Philippines  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**  
**REGION XIII (CARAGA)**  
 1559 Matimco Bldg, Km 4., Libertad, Butuan City  
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Name of Division/FOU:

**MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (INTERNAL)**

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		00	01	02	03	04	05
<b>CONTROL OF NONCONFORMING OUTPUT</b>							
R13-SP-03	System Procedure	10.16.17					
FM-SP-R13-03-01	Nonconforming Output Form (NOF)	10.16.17					
FM-SP-R13-03-02	Nonconforming Output Log Sheet	10.16.17					

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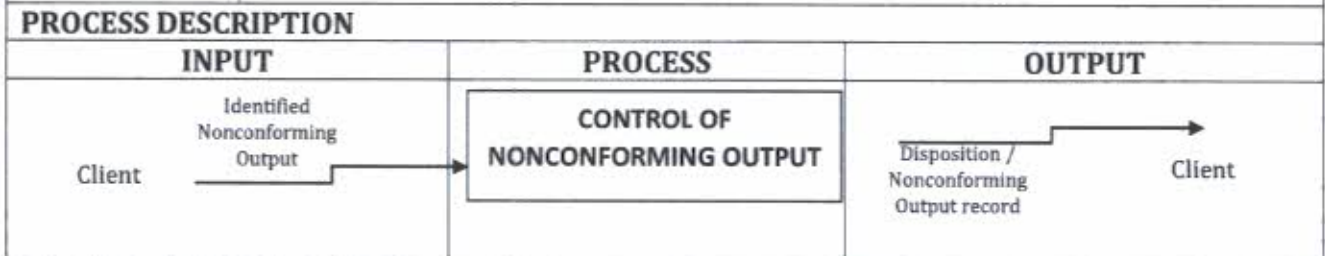


DILG REGION XIII (CARAGA)  
**SYSTEM  
 PROCEDURE (SP)**

Document Code  
**R13-SP-03**

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<b>PROCEDURE TITLE</b>	<b>CONTROL OF NONCONFORMING OUTPUT</b>
<b>SCOPE</b>	This process describes the procedure in identifying and controlling nonconforming output, including the disposition actions and responsibilities.
<b>PURPOSE/S</b>	To ensure prevention of unintended delivery of nonconforming output.



**DESCRIPTIVE STATEMENT:**

The Process Owner identifies the nonconforming output, determine the appropriate disposition or action, and submit to DC or Head of Office for review and approval. The disposition is then implemented and verified. Copy of the signed Nonconforming Output record is submitted to QMS Secretariat for logging and consolidation.

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	Process owner	Identify nonconforming output	<ul style="list-style-type: none"> <li>Identify/detect and record nonconforming output such as:               <ul style="list-style-type: none"> <li>Typographical errors</li> <li>Other errors resulting from processing lapses</li> </ul> </li> <li>Describe the detected nonconforming service.</li> </ul>	<ul style="list-style-type: none"> <li>Nonconforming Output Form (NOF) (FM-R13-SP-03-01)</li> </ul>
2	Process owner	Decide appropriate disposition	<ul style="list-style-type: none"> <li>Determine the appropriate disposition/recommended action to address the nonconforming service such as:               <ul style="list-style-type: none"> <li>Replacement</li> <li>Rework/Reprocess</li> <li>Other appropriate action</li> </ul> </li> <li>Submit to Division Chief/Head of Office for review and approval.</li> </ul>	<ul style="list-style-type: none"> <li>Nonconforming Output Form (NOF) (FM-R13-SP-03-01)</li> </ul>
3	Division Chief/OIC/Head of Office	Review and approve the recommended disposition	<ul style="list-style-type: none"> <li>If recommended disposition is found in order, sign the NOF; else, return to Process Owner for appropriate action.</li> </ul>	<ul style="list-style-type: none"> <li>Nonconforming Output Form (NOF) (FM-R13-SP-03-01)</li> </ul>
4	Process Owner, Division	Implement disposition	<ul style="list-style-type: none"> <li>Process Owner: Record the implementation of the disposition.</li> </ul>	<ul style="list-style-type: none"> <li>Nonconforming Output Form</li> </ul>





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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
	Chief/OIC/Head of Office		<ul style="list-style-type: none"> <li>Division Chief/Head of Office: Verify and ensure that the resulting service conforms to specified requirements.</li> <li>If verification shows that requirements are not met, advise process owner to take appropriate action; else, sign the NOF.</li> <li>Submit copy of the signed NOF to the QMS Secretariat.</li> </ul>	(NOF) (FM-R13-SP-03-01).
5	QMS Secretariat	Log the nonconforming output	<ul style="list-style-type: none"> <li>Log the nonconforming output in the Nonconforming Output Log Sheet</li> </ul>	<ul style="list-style-type: none"> <li>Nonconforming Output Log Sheet (FM-R13-SP-03-02)</li> </ul>
6	Designated Custodian	Retain records	<ul style="list-style-type: none"> <li>Retain records in accordance with the Control of Retained Documented Information Procedure and Master List of Records</li> </ul>	<ul style="list-style-type: none"> <li>Control of Retained Documented Information Procedure</li> <li>Master List of Records (FM-R13-SP-02-01)</li> </ul>

**DEFINITION OF TERMS:**

- Nonconforming Output – is a service or product resulting from QMS processes that does not meet specified requirements.
- Nonconforming Service Form (NOF) – the specified form used to record the nonconforming output and the actions taken to rectify it.

Prepared By	Reviewed By	Approved By
 <b>DON MANBELO O. PATRIMONIO</b> LGOO V	 <b>DONALD A. SERONAY</b> Chief Admin Officer/OIC-Asst. Regional Director	 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director
<b>QMS Secretariat Head</b>	<b>Regional QMR</b>	<b>Top Management</b>





DILG REGION XIII (CARAGA)  
**NONCONFORMING OUTPUT FORM**

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Office: \_\_\_\_\_  
 Process/ Service: \_\_\_\_\_

Date: \_\_\_\_\_  
 Division/Unit: \_\_\_\_\_

**1. Type of NC Output**

- Typographical error
- Process lapses
- Others: \_\_\_\_\_

**2. Description of detected nonconforming product / service:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. Disposition / Recommended action to address the nonconforming output**

- Replace
- Repair/ Rework/Reprocess
- Other Action \_\_\_\_\_

**4. Disposition/ Recommended Action Statement**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Prepared by:**  
 (Name and Signature of Process owner)

\_\_\_\_\_  
**Approved by:**  
 (Name and Signature of Division Chief/  
 Head Office)

**5. Status of implementation of disposition / recommended action:**

- Implemented      Date Implemented: \_\_\_\_\_
- Not Implemented      Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**6. Verified by:**  
 (Name and Signature of Division Chief / Head Office)

Date Verified: \_\_\_\_\_

Prepared By	Reviewed By	Approved By
QMS Secretariat Head	Regional Quality Management Representative	Regional Director





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**NONCONFORMING OUTPUT FORM**

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DILG REGION XIII (CARAGA)

# NONCONFORMING OUTPUT FORM

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DILG REGION XIII (CARAGA)

# NONCONFORMING OUTPUT LOG SHEET

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Office: \_\_\_\_\_

No.	Process	Type of Nonconforming Output	Description of Nonconforming Output	Disposition / Recommended Action	Date Implemented	Reason for Non-implementation	Remarks, if any

Prepared By

\_\_\_\_\_

{ Name Here }

Date: \_\_\_\_\_

{ QMS Secretariat Member }

Noted By

\_\_\_\_\_

{ Name Here }

Date: \_\_\_\_\_

{ QMS Secretariat Head }

Prepared By

*[Signature]*

**DON MANUELO D. PATRIMONIO**  
TGO-V

**QMS Secretariat Head**

Reviewed By

*[Signature]*

**DONALD A. JERONAY**  
Chief Admin Officer/OIC: Asst. Regional Director

**Regional QMR**

Approved By

*[Signature]*

**LILIBETH A. FAMACION, CESO III**  
Regional Director

**Top Management**

