

Non-Conformance and Complaint Record (QM020)

This document covers the following company's part of Shield Services Group: Shield Environmental Services, Shield Fire and Security, Shield Mechanical and Electrical Services, Shield Demolition & Shield Flooring Services.

Step 1 – Raising of a non-conformance:

To be filled in by anyone	
Who has identified the non-conformance? (1.4)	Choose an item.
Name of person:	#
Company:	#
Contact details: (address, phone number, email address)	#
What is the nature of the non-conformance? (1.5)	Choose an item.
When was the non-conformance highlighted? (1.2)	Click here to enter a date.
Details of non-conformance / complaint: (1.9 – e.g. site address, ACM details, scope of works, description of issue of non-conformance, etc.)	
#	
How serious do you think this non-conformance is? (1.10 – Mark with an 'X')	
(1) Serious ☐ Examples: • Procedure was not followed causing major breakdown of our system. • Our service fell seriously short of Shield policy. • Our work was not up to industry or acceptable standards. • We failed to follow Health and Safety Policy and Risk Assessments. • Our actions caused an unacceptable inconvenience to the customer e.g. Work delayed for longer than is reasonable • The actions of our staff caused offence to a customer or member of the public.	(2) Moderate ☐ Examples: • Procedure was not followed causing moderate breakdown of our systems. • Property was accidentally damaged but we are able to correct this promptly. • We are informed of an issue with our work and we were able to rectify this promptly. • The level of work was satisfactory by industry standards, but not up to Shield's expectations of 'a high quality service'. • Our actions caused a small inconvenience to the customer e.g. needing to chase us for information.
Please email this form and any correspondence to the Quality Manager and Technical Assistant	

Step 2 – Allocation of responsibility:

To be filled in by Quality Manager or Technical Assistant	
Non-conformance reference: (1.1)	NNC###
Responsible Department and Branch: (1.7)	Choose an item.
Responsible manager: (1.8)	
Deadline for return of form:	Click here to enter a date.
Quality control: • Add NC to database. • Save documents on server – QM020, initial correspondence, supportive information. • Email NC record and acknowledgement letter template to responsible person	

Step 3 – The investigation:

To be filled in by responsible department or manager							
Regarding complaints – a letter of acknowledgement (QM017) will need to be sent to the customer stating that an official response will be posted in 14 days. This needs to be done within 2 days of receiving the complaint. If not, a phone call to the customer needs to be made, in addition to the letter, to apologise for the delay and explain the process.							
Site Address: (2.1)	#						
Project Manager: (2.3)	#						
Site Supervisor: (2.4)	#						
Individual witnesses: (2.5)	#						
Project number: (2.2)	#						
Investigation details: (2.6)							
How have you investigated this non-conformance or complaint?							
#							
What were your findings?							
#							
From the table below, select what is the root cause of this non-conformance? (Mark with an 'X' – 2.7)							
Design/Layout	☐	Construction	☐	Installation	☐	Lighting-Heating-Ventilation-Noise-Weather	☐
Safety Device/Equipment	☐	Machine guards	☐	Mechanical operation	☐	Tools used incorrectly	☐
Tool not inspected pre-use	☐	Wrong tool used	☐	Housekeeping	☐	Machinery	☐
Material or mechanical failure	☐	Wear and tear	☐	Purchasing inferior item	☐	Job control – work planning	☐
Job control – deadlines	☐	Insufficient/inadequate training	☐	Inadequate communication	☐	PPE not provided	☐
PPE not available	☐	PPE not used	☐	Use of PPE not enforced	☐	PPE not work correctly	☐
Instructions misunderstood	☐	Refused to obey instructions or rules	☐	Lack of experience in present occupation	☐	Temporary occupation	☐
Contact with animal or insect	☐	Physical disability or medical condition	☐	Horseplay	☐	Assault	☐
System of work not communicated	☐	System of work did not identify the risks/controls	☐	System of work not followed/enforced	☐	System of work not understood	☐
Contractor selection/oversight	☐						

Estimated impact/cost of non-conformance? (2.8)	
Time: (Paid hours x number of men)	£#
Materials:	£#
Other:	£#
Total potential loss:	£#

Step 4 – What are the corrective actions?

To be filled in by responsible department or manager				
What actions have you taken to resolve the issue and prevent future reoccurrence? (3.1)				
#	Action	Person Responsible	Date Due to Complete	Date Completed
1	#	#	Click here to enter a date.	Click here to enter a date.
2			Click here to enter a date.	Click here to enter a date.
3			Click here to enter a date.	Click here to enter a date.

Regarding complaints – A letter of resolution (QM018) needs to be sent to the customer. Please pass back this form and all supporting documentation back to the Quality Manager and Technical Assistant once completed.

Step 5 – Sign Off

To be filled in by Quality Manager / Quality certified representative			
Name:		Date: (4.1)	Click here to enter a date.
Signed:		Quality control: - To save updated QM020 onto server. - For complaints, determine if resolution letter (QM018) was sent to customer / member of public within 14 days of being raised. (Plus save onto server.) - Were the resolution and corrective actions suitable or is further action required?	