1 Introduction

HPi-CEproof Ltd is required to operate a system for obtaining customer feedback and handling customer complaints. It is considered essential to the commercial success of the product that qualitative measures, which provide sensitive feedback of customer's and all other stake holders' attitudes, are implemented so that services can be continuously improved to strengthen our market position.

2 Scope

This procedure applies to all feedback and complaints received from clients or any other interested party, by the management and staff within HPi-CEproof Ltd (and its contractors). It also applies to anomalies, discovered during or after inspection has been carried out, which are likely to have affected the results of these or previous inspections and when the results of an inspection are disputed by the client. The procedure identifies the steps to be taken following a safety-related complaint or incident with regard to the requirements of ISO 17020 & ISO 17024.

3 Responsibilities

3.1.1 The Technical Managers shall ensure that contracts/agreement forms for all work inform the client that HPi-CEproof Ltd has a procedure for Feedback and Complaints that they may invoke.

3.1.2 HPi-CEproof Ltd Staff are responsible for recording complaints.

3.1.3 The Quality Manager is responsible for ensuring that:

a. Customer complaints/appeals are acknowledged, investigated, documented, resolved, non-discriminatory, outcomes are reported back to complainant(s) and formal notice given of the end of the process.
b. Feedback is obtained from customers.

3.1.4 The Technical Manager is responsible for revision and review of this procedure.

4 Procedure

4.1 Feedback from customer

4.1.1 On completion of a programme of work, or from time to time during an inspection contract, (e.g. at inspection scheduling) the Logistics Manager will issue the Customer Feedback form (GEN-F-07) to the customer with the request for its completion and return.

4.1.2 The aim is that the customer will complete and return the form to the Logistics Manager to pass back information about HPi-CEproof's performance in executing the contract.

4.1.3 Should the form not be returned within one month of despatch, the Logistics Manager should, if appropriate, make contact with the customer representative either by telephone or email in order to elicit some feedback.

4.1.4 All feedback and actions shall be recorded in the feedback questionnaire log and passed onto the relevant Project Manager and Quality Manager.

4.2 Feedback from industry or third person

4.2.1 Feedback of any kind, from any interested parties, regarding a project or any other matter concerning the activities of HPi-CEproof Ltd, should be handled based upon judgement from the person responsible for the matter.

4.2.2 The person receiving the feedback is responsible for reviewing and pass it to the Logistic Manager or Quality Manager as appropriate.

4.2.3 When potential non conformities are identified, the feedback shall be handed to the relevant Technical Manager. Identified nonconformities will be handled according to the relevant procedures for handling nonconformities (PRE-WI-08 & RCD-WI-07) and records added to the CPAR Register.

4.3 Complaints

4.3.1 A complaint may be received from a customer (which may be via a contractor) either verbally or in writing. The person receiving the complaint shall pass the data to the Quality Manager.

4.3.2 Officers should not make any admission of wrongdoing or guilt on his or HPi-CEproof behalf.

4.3.3 The Quality Manager shall record the complaint on the "Complaints Register" (HPi VS Ltd/01 QAS/05 Feedback & Complaints/Complaints/Complaints register), acknowledge receipt and advise the reporting procedure to the complainant. The Quality Manager will then arrange a complaint review round table meeting, verifying the information to validate the complaint. The meeting will involve officers who are involved either directly or indirectly with the complaint and others as required according to their knowledge and experience. The Quality Manager shall ensure the process is non-discriminatory and that all decisions made, are done so, by independent personnel.
The complaints register will highlight if corrective and future preventive actions are required by following ISO 17020 & ISO 17024.

4.3.4 If required, representatives of the complainant organisation will attend with the sole purpose of resolving the complaint to the customer's satisfaction.

4.3.5 Formal notice of the end of the process will be given to the complainant together with notification of the outcome by the Quality Manager.

4.3.6 The Quality Manager shall review all complaints with the aim of improving the quality of services, preventing recurrences and to consider the requirements for corrective actions such as additional training, customer/staff liaison, auditing and staff awareness.

4.3.7 Should the complaint or notifiable incident involving HPi-CEproof or its representatives result in a regulatory enforcement action, HPi-CEproof Quality Manager shall formally inform the Enforcing Authority and UKAS. All information relating to the complaint or notified incidents will be made available to UKAS.

4.3.8 On completion of a satisfactory resolution, the Quality Manager shall sign off the Complaints Registration Form and record all actions taken, retaining the form as a record. A copy shall be kept in the customer registration file, if applicable.

4.4 Appeals

4.4.1 An appeal by a client or other interested party over the results of an inspection or other related function will be treated in the same way as a complaint with the exception that the round-table meeting referred to in clause 4.3.3 will:

- include two members of the HPi-CEproof Board of Governors: at least one of which shall represent the stakeholder interests of the appellant, and
- The appellant shall be invited to this meeting.

4.4.2 The two Board Members shall be asked to provide a brief written comment on the appeal process and results.

4.4.3 If both Board Members are in disagreement with HPi-CEproof's position at the end of this meeting, then HPi-CEproof shall either alter its position or seek further advice from UKAS and/or BEIS as appropriate.

4.4.4 The findings will be communicated to the appellant as soon as is practicable and also reported to the Board of Governors.

4.5 Market Surveillance

4.5.1 The Global New Approach of EU Directives involve that the surveillance authority may request the notified body to provide information on the conduct of conformity assessment for a product. RCD II states the obligation of Notified Bodies to inform notifying authorities of any request of information from market surveillance authorities regarding conformity assessment procedures.

4.5.2 The Technical Director will review the nature of the request and will provide the necessary information requested to the market surveillance authorities if appropriate.

4.5.3 The request of information by market surveillance will be recorded in the Complaints Register and be communicated to the UK Notifying authorities (BIS).

4.5.4 Should the request involve any actions to be taken by HPi-CEproof, the procedure for corrective and prevention actions will be followed.

4.5.5 Should the notifiable incident involving HPi-CEproof or its representatives result in a regulatory enforcement action, the Quality Manager shall formally inform the Enforcing Authority and UKAS.

4.6 Corrective and Preventive Actions

4.6.1 Definitions

4.6.2 *Corrective Action* – activity taken following the finding of a non-conformity

4.6.3 *Preventive Action* – activity taken when the potential for a non-conformity is identified in a procedure

4.6.4 *CPAR* – Corrective or Preventive Action Request

4.6.5 *Root Cause* – The fundamental reason for the occurrence of a problem

4.6.6 Background

4.6.7 The purpose of this procedure is to provide for a system and instructions, and to assign responsibilities for initiating, requesting, implementing, and verifying the effectiveness of corrective and preventative actions.

4.6.8 This procedure applies to preventing and correcting nonconformities related to resources, completed services, operational processes, and the quality system.

4.6.9 Roles and Responsibilities

4.6.10 List the titles of individuals responsible for specific tasks and describe their roles and responsibilities.

Roles – Title of Responsible Personnel	Responsibilities
Managing Director	Approving and allocating company resources to ensure all preventative and corrective actions, when necessary, are carried out throughout HPi-CEproof Ltd. Communicating changes to necessary external bodies.
Quality Manager	Authorisation of CPAR forms. Review and approval of corrective and preventative actions and implementation timelines. Ensures action implementation and conducts necessary follow-up reviews.
Technical Director/Manager for applicable sector	Completing CPAR forms when necessary. Implementing actions

In order to ensure the independent investigating of complaints, when the Quality Manger or the Managing Director are directly implicated in the complaint, deputies (as defined in GEN-P-2) will take over the relevant responsibilities.

4.6.11 General

4.6.12 Non-conformities or the potential for them to occur, may be identified at any time as a result of a multitude of activities that includes, but is not limited to, management review meetings, receipt of feedback and final review of certification pass/fail decisions.

4.6.13 In particular, when a complaint is received, there is an obvious opportunity to identify (the potential for) non-conformities and form GEN-F-07 has been modified to include a sign-off

by a reviewer for the express purpose of looking for corrective/preventive actions that may have been implied.

4.6.14 Corrective or Preventive Action Requests (CPAR) may be proposed by any HPi-CEproof staff member, but all CPARs must be authorised by the Quality Manager so as to prioritise and direct resources where corrective actions are most urgent.

4.6.15 CPARs can be directed to HPi-CEproof's internal departments as well as to its subcontractors.

4.6.16 Corrective actions may be requested as a result of an unlimited range of possible occurrences, but the following are most likely:

- Identification of a nonconforming process whilst working;
- A nonconformity identified during any type of audit;
- Customer or regulatory complaint;
- Nonconforming operation delivery from a subcontractor;
- Identification of any condition that does not conform to specifications, documented quality system, or requirements of ISO 17020, ISO 17021, ISO 17024 or Essential Requirements of applicable regulations.

4.6.17 Preventive actions are initiated when quality performance data indicates a lack of effectiveness of the quality system.

4.6.18 HPi-CEproof Ltd conducts a number of activities that are intended to identify the need for both preventive & corrective actions. These include but are not limited to the following:

- Internal audits GEN-P-03
- Training, Performance Monitoring & CPD GEN-P-06
- Risk Register - GEN-P-19
- Committee for safeguarding impartiality - GEN-P-19
- Regular impartiality review meetings – GEN-P-19
- Regular management review meetings – GEN-P-01
- 2-step in-house review before issuing certificates - GEN-P-18
- Certificate generator tool records non-conformities found during the certificate review process so that common misunderstandings or repeat errors can be managed - GEN-P-18
- Periodic review of all suppliers, not just inspectors & staff - GEN-P-11
- Online scheduling with alarms for surveillance visits GEN-P-08

4.6.19 The procedure for corrective and preventive actions shall be the same with the observation that in the case of corrective action, a non-conformity has already occurred that might require external persons/bodies to be involved in the process of correction. It is possible that a non-conformity in HPi-CEproof's activities may require a certificate to be withdrawn which in turn could lead to a product recall. Clearly there are some non-conformities that

must be communicated to BEIS and/ UKAS or other authorities such as consumer protection bodies.

4.6.20 Requesting and processing CPARs

4.6.21 Corrective and preventive actions are requested using the CPAR form GEN-F-12, which shall first be presented to the Quality Manager, except where the Quality Manager raises the request, in which case, it shall be submitted to the Managing Director.

4.6.22 The same CPAR form is also used to request corrective actions from HPi-CEproof Ltd's subcontractors.

4.6.23 The Quality Manager (or MD) shall review the request. They shall consider whether or not the problem is a simple error or whether a root cause investigation is required. See clause 4.6.25 below.

4.6.24 The Quality Manager shall sign to indicate they have reviewed the request and then pass the form to the appropriate technical manager.

4.6.25 The responsible manager shall consider the action and shall:

1 Evaluate the root cause.
Note that there are many ways to conduct Root Cause Analysis (RCA) including recognised processes such as '5 Whys' & 'Fault Tree Analysis'. There are also commercially available tools. The responsible manager shall consider what is appropriate and proportionate for the CPAR in question.
2 If the resolution requires it, call a team within HPi-CEproof Ltd to determine a resolution that should include not just correcting a non-conformity but also precluding it from recurring.
3 Propose which, if any, external bodies should be informed, in the case of a non-conformity that may have implications for certified products.
4 Set a date by which the action shall be implemented.
5 Provide a summary of the plan to the Quality Manager, or in the case where the Quality Manager is the responsible party, the Managing Director, for review.

4.6.26 Once the reviewer (Quality Manager or MD) has agreed the plan, the responsible manager shall execute the agreed resolution within the time limit stated.

4.6.27 Any implemented changes are reviewed with respect to their impact on current QAS documentation, and the documentation is updated as appropriate. Documentation changes, if any, are recorded on the CPAR form.

4.6.28 The manager shall also record the history of the entire issue and the actions taken.

4.6.29 Once implemented, the manager shall set a date for when a review of effectiveness of the solution shall be held.

4.6.30 In all cases, the status of corrective/preventive actions will be reported at management review meetings and the dates of meeting shall be recorded on the CAPR form.

4.6.31 CAPR reports are closed out by the Quality Manager & MD on the original CAPR form, only when there is objective evidence that the corrective action is effective.

4.6.32 If more work/time is needed to fully implement the corrective action, then a new follow-up date is agreed upon.

4.6.33 The CAPR report shall be filed in the complaints/feedback folder