

Corrective and Preventive Action

1. APPLICABILITY

- 1.1 This standard is applicable to all Honeywell organizations and majority owned subsidiaries worldwide.

2. OVERVIEW

- 2.1 A nonconformance is any deviation from the organization's management system. This includes deviation from Honeywell policy or standards, established HSEPS procedures, rules, regulations and voluntary commitments. A nonconformance is often an indication of weakness or a flaw in the management system that requires corrective and/or preventive actions to improve the effectiveness of the management system. Once a nonconformance is identified it is critical that systems are available and activated that ensure the most effective and feasible corrective actions are selected, responsibility is assigned, reasonable timeframe are defined and completion of the corrective actions are confirmed. This standard will assist Honeywell organizations to establish these important systems.

3. DEFINITIONS

- 3.1 Definitions for underlined text are found at the end of this document.

4. REQUIREMENTS

- 4.1 The organization shall establish and implement documented procedures for identifying and investigating non-conformance, developing effective **corrective** and preventive actions and tracking actions to closure. As a minimum, the procedure shall include the following elements:
- 4.1.1 A method to address and investigate potential or actual non-conformance
 - 4.1.2 A method to assign responsibility and provide resources to initiate and complete corrective or preventive actions
 - 4.1.3 A process to prioritize corrective or preventive actions based on the significance of risk
 - 4.1.4 Setting deadlines for completion
 - 4.1.5 A process to track corrective actions to closure and communicate status to leadership and affected personnel
 - 4.1.6 A quality assurance process to confirm that corrective or preventive actions are adequate and appropriate to address the non-conformance
 - 4.1.6.1 This process must confirm that corrective actions effectively address the root cause(s), are appropriate for the significance of the non-conformance, are timed appropriately based on the seriousness of the non-conformance and are assigned to individual(s) with adequate authority and resources to complete the corrective actions.
 - 4.1.7 A method to follow-up on completed corrective actions to confirm that the intended results were achieved
- 4.2 The organization shall establish a program to implement appropriate disciplinary action in the event of knowing violations to HSEPS policies, rules, regulations, procedures or training.

Discipline should be designed with the intent to address root causes. The program must include the following elements:

- 4.2.1 Employee disciplinary action for knowing violations
- 4.2.2 Supervisor disciplinary action when supervisors are aware of and allow violations within their area of responsibility
- 4.2.3 Supervisor disciplinary action when supervisors, through the proper performance of their duties, should have been aware of violations
- 4.2.4 Where a general disciplinary program is already established, these HSEPS requirements shall be incorporated in the existing program

4.3 Records

- 4.3.1 The following corrective and preventive action records must be documented and maintained:
 - 4.3.1.1 Results of all investigations into non-conformance including the date and location of the investigation, names of investigators, root and contributing causes and recommendations or corrective actions
 - 4.3.1.2 Documentation of all corrective or preventive actions resulting from non-conformance investigations including descriptions of the actions, timelines or deadlines, names of those assigned to initiate and complete the actions, documentation of action closure and results of follow-up activities to confirm that the intended results were achieved
 - 4.3.1.3 Results of the quality control process required in section 4.1.6 of this standard
 - 4.3.1.4 Records of disciplinary actions taken as a result of knowing violations to HSE policies, rules, regulations, procedures or training

5. RELATED DOCUMENTS

5.1 None defined now.

Corrective action	An action designed to correct an undesirable HSE problem or defect in the management system. Examples may include breakdown of controls, non-conformance to Honeywell or regulatory requirements, accident, injury, illness, fire, release to the environment or other HSE related loss, undesirable trend in HSE metrics, etc.
Non-conformance	A non-conformance is any deviation from the organization's management system. This includes deviation from Honeywell policy or standards, established HSE procedures, rules, regulations and voluntary commitments. A non-conformance is often an indication of weakness or a flaw in the management system that requires corrective and/or preventive actions to improve the effectiveness of the management system
Preventive Action	An action designed to prevent or reduce the probability of occurrence of an undesirable HSE incident such as the breakdown of controls, non-conformance to Honeywell or regulatory requirements, accident, injury, illness, fire or other HSE related loss, etc.
Procedure	A formal and documented combination of methods, steps and actions established by an organization to achieve specific results, behavior or activity