| **RFA No.:** | | **Finding: \_\_ NC \_\_PNC** |
| --- | --- | --- |
| **Source of RFA:**  \_\_ Internal Quality Audit  \_\_ Third-party audit | Other sources:  \_\_ Internal client feedback  \_\_ External client feedback  \_\_ Process deviation  \_\_ Non-attainment of set targets | |
| **Affected ISO Clause/Regulation/Policy** | | |
| **Finding Statement** (Identify what has been specifically observed or experienced) | | |
| **Issued by:** (NOTE: Name, office and signature) | | |
| **Issued to:** (NOTE: Name, office and signature) | | |
| **Date Issued:** | | |
| **Due Date:**  (NOTE: Respond within 10 working days from date of receipt) | | |

NOTE: In responding to this Request for Action, download the RFA form (DFA-IAS-IQA-06) from the <https://www.dfa.gov.ph/downloads>

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| --- | --- | --- | --- |
| **Correction** (Required for both NC and PNC. Action taken within 3 working days; an immediate response to address the finding) | | | **Implementation Date:**  **Responsible Person:**  (NOTE: Name, office and signature)  **Approved by Head of Office:**  (NOTE: Name, office and signature)  **Date:** |
| **Root Cause Analysis** (Only for NC findings. Analysis and identification of the finding’s root cause through 5 Why Analysis/ Fishbone Diagram or other method) | | | |
| **Corrective Action** (Only for NC findings. Eliminates the root cause thus avoiding recurrence; a long term solution)  ***Kindly answer the following questions before identifying the corrective action to be taken:***   1. *Is there a need to revise any of the affected process/es?* 2. *Is there a need to update the office’s Quality Plan and Objectives?* 3. *Do similar NCs exist, or could potentially occur? (If yes, kindly indicate)* 4. *Are there related risks or opportunities with the reported NC? (If yes, kindly indicate)* | | | **Target Implementation Date:**  **Responsible Person:**  (NOTE: Name, office and signature)  **Approved by Head of Office:**  (NOTE: Name, office and signature)  **Date:** |
| **Verification of Corrective Action** (To be filled-in by the Initiator/Auditor)  NOTE: Verification of the implementation of the corrective action is within 5 days from the stated implementation date | | | |
| **Result of 1st Follow-up** (If unresolved, please indicate additional action plan) | | | **Verified by:**  (NOTE: Name, office and signature)  **Date:** |
| **\_\_** Resolved | **\_\_** Partially Resolved | **\_\_** Unresolved |
| **Effectiveness** | \_\_ Effective  \_\_ Not Effective | **Elaborate:** | |
| **Result of 2nd Follow-up** (If unresolved, please indicate additional action plan) | | | **Verified by:**  (NOTE: Name, office and signature)  **Date:** |
| **\_\_** Resolved | **\_\_** Partially Resolved | **\_\_** Unresolved |
| **Effectiveness** | \_\_ Effective  \_\_ Not Effective | **Elaborate:** | |
| **Result of 3rd Follow-up** (If unresolved, corrective action plan is deemed ineffective or a failure. Process owner shall conduct another root cause analysis and determine new corrective action plan.) | | | **Verified by:**  (NOTE: Name, office and signature)  **Date:** |
| **\_\_** Resolved | **\_\_** Partially Resolved | **\_\_** Unresolved |
| **Effectiveness** | \_\_ Effective  \_\_ Not Effective | **Elaborate:** | |
| If the RFA remains open after the 3rd follow-up, reinvestigation is needed, as well as the issuance of another RFA. | | | |