

Zanzibar Maritime Authority

STANDARD OPERATING PROCEDURES FOR IDENTIFICATION, ELIMINATION AND CORRECTIVE ACTION OF NON CONFORMITIES

1. Purpose

This procedure establishes the process to identify, track, complete the assessment of the problem and correct the causes of existing non-conformances in relation to Zanzibar Maritime Authority (ZMA) operations.

The cornerstone of corrective actions is written and retrievable documentation of actions taken and follow-up monitoring to determine that corrective actions have been performed and documented.

2. Authority

This procedure is based on the authority granted under the Maritime Transport Act, No.5 of 2006

3. Background

In pursuant to National and International requirements, ZMA is required to stimulate a culture which provides opportunities for improvement of performance in maritime safety and environmental protection activities, including taking action to identify and eliminate the cause of non-conformities so that to prevent recurrence.

This standard operating procedure (SOP) assists ZMA to ensure uniform procedures for review and analysis of non-conformities, implement necessary corrective actions and review of the corrective actions taken.

4. SCOPE

This procedure covers all corrective actions that can be taken to address non-conformities which can affect performance within ZMA.

This Procedure shall come into effect on the date of approval by the Board of Directors of ZMA.

6. Responsibilities

The Director General (DG) of ZMA is overall responsible for the development, implementation, maintenance and continuous improvement of this procedure.

The officer in-charge for the implementation of this procedure is Head Internal Audit, Risk Management and Compliance (HIARSC) whose address is:

Head internal Audit, Risk Management and Compliance
P.O.BOX 401
Zanzibar
Tanzania
Mizingani Road opposite Zanzibar Ports Corporation
Phone No: +255242236795
info@zma.go.tz

6.1 Principal Officer

- 6.1.1 Initiates, performs and oversees corrective action.
- 6.1.2 Assigns corrective action to personnel; and
- 6.1.3 Reviews corrective action taken by personnel and approves or recommends further corrective action.

6.2 Branch Director

- 6.2.1 Implements corrective action procedure in respective branch.
- 6.2.2 Assigns corrective action to identified [**Principal Officer**], and reviews and approves corrective action taken by [**Principal Officer**].

6.3 Department Director

- 6.3.1 ensures corrective action procedure is implemented and

monitored,

- 6.3.2 Assigns corrective action to responsible [Branch Director],and
- 6.3.3 Reviews and approve corrective action taken by [**Branch Director**].

6.4 Officer In charge for maintain records:

- 6.4.1 Uses established corrective action form and procedure.
- 6.4.2 Monitors the progress and status of corrective actions for timely completion.
- 6.4.3 Reviews completed forms for effectiveness and assigns follow-up actions and date due, if deemed necessary.

7. Staff

- 7.1 Initiates and performs corrective action for non-conformities, and
- 7.2 Completes Non-Conformance Corrective Action (NCCA) form to document problem, area or situation investigated, findings and action taken.

8. Procedures

The seven steps for corrective action are as follow:

- 7.3 Identify the non-conformity and obtain the Non-Conformity Corrective Action (NCCA) form.
- 7.4 Complete the form with the suspected problem and findings and then determine whether a correction only is sufficient.
- 7.5 Investigate by examining the extent of the problem.
- 7.6 Note findings and causes with supporting evidence.
- 7.7 Determine cause, perform root cause analysis, decide action to be taken and perform corrective action.
- 7.8 Submit NCCA form to MIARMC for review and approval of

the corrective action.

7.9 MIARMC reviews, evaluates and determines effectiveness of actions taken. The action may be closed or further follow up and monitoring actions may be identified. The action may be determined to be ineffective, and another corrective action form initiated to correct non-conformity.

9. Date for Review

This procedure shall be reviewed every year following its ratification by Board of Director of ZMA.

10. Related Documents

10.1 IMO Instrument Implementation Code III CODE

10.2 Maritime Transport Act, 2006

11. Definitions

Manager Internal Audit, Risk Management and Compliance MIARMC is an officer in-charge for the implementation of this procedure.

Approved by the Board of Directors of ZMA on this day of2019

Signature.....

Chairman BoD of ZMA

Signature.....

DG of ZMA

Non-Conformity Corrective Action (NCCA) form

Important Information			
CAR No.:		Procedure Name. (if applicable):	
Location:		Assigned To:	
Response Required By:			
Nonconforming Type:	Service		System
Nonconforming Condition Description:		Major / Minor	
Non-conforming to:			
Evidence:			
Presented By		Title	Date
Investigation/Root Cause(s) Analysis: (Do it by answering the <u>5 WHYS</u> below):			
1 st WHY?			
2 nd WHY?			
3 rd WHY?			
4 th WHY?			

5 th WHY?			
The Root Cause(s) Found is/are:			
Corrective Action Taken (What, why, where, who, when, how):			
Short term fix: (What has been done to eliminate the NC)			
Long term fix: (Plan to prevent Recurrence)			
Submission	Has the non-conformance been eliminated?	Yes / No	
	If No, explain:		
Submitted By (Name):	Title	Signature	Date:
Review and Verification			
Implemented and Effective (<i>addresses root cause? Prevents recurrence?</i>) In process of Implementation Not Effective, Improvement Required Not Implemented			
Comments:			
Verified By:	Title	Signature	Date